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# NURSES FOR THE ARMED FORCES

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## HEARINGS

*45-35878*

BEFORE THE

COMMITTEE ON MILITARY AFFAIRS

UNITED STATES SENATE

SEVENTY-NINTH CONGRESS

FIRST SESSION

ON

## H. R. 2277

AN ACT TO INSURE ADEQUATE NURSING CARE  
FOR THE ARMED FORCES

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MARCH 19, 21, 23, 26, 1945

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[House hearings, bearing title "Procurement of  
Nurses", were held on H. R. 1284, January 19  
and February 6, 7, 8, 9, 13, 14, 1945]

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# NURSES FOR THE ARMED FORCES

MONDAY, MARCH 19, 1945

UNITED STATES SENATE,  
COMMITTEE ON MILITARY AFFAIRS,  
*Washington, D. C.*

The committee met, pursuant to call, at 10:30 a. m., in room 457, Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas, Hill, Downey, Murray, O'Mahoney, Maybank, Austin, Gurney, Revercomb, and Burton; also Representative Frances P. Bolton.

The CHAIRMAN: I will ask the recorder to make the proper headings and insert in the record a copy of H. R. 2277 and follow that with a summary of the House hearings which have been prepared by Brig. Gen. Edward W. Smith, for the use of the committee. I am sure the summary will be of great use to the committee members.

(H. R. 2277 and the summary of the House hearings are as follows:)

[H. R. 2277, 79th Cong., 1st sess.]

AN ACT To insure adequate nursing care for the armed forces

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That the Selective Training and Service Act of 1940, as amended, is amended (1) by inserting before the first section thereof a title heading reading as follows:

"TITLE I—TRAINING AND SERVICE IN LAND AND NAVAL FORCES"

and (2) by inserting at the end thereof a new title reading as follows:

"TITLE II—SERVICE OF NURSES IN LAND AND NAVAL FORCES

"SEC. 21. Congress hereby declares that to provide adequate nursing care for the armed forces of the United States it is imperative to secure immediately the services of additional trained and qualified nurses.

"SEC. 22. (a) Every female residing in the United States who, on the day or days fixed for the first or any subsequent registration pursuant to this title, has reached the twentieth anniversary of her birth but has not reached the forty-fifth anniversary of her birth and (1) who has been, or on such day or days is, a graduate registered professional nurse in any State, Territory, or possession of the United States or in the District of Columbia, or (2) who on such day or days is (A) a graduate of a State-accredited school of nursing and (B) eligible to apply for examination for registration as a graduate registered professional nurse in the jurisdiction in which such school is situated or in which she resides, is hereby made subject to registration and selection for and induction into the land and naval forces of the United States under this Act. Except as provided in this title, and except as may be provided in the separate regulations (authorized by section 24) applicable only to females to which this title applies, such registration, selection, and induction (including the classification and deferment of such females) shall proceed in accordance with the same procedures and be subject to the same exemptions, rights, penalties, and obligations provided for male registrants by this Act and regulations thereunder. There shall be inducted into the land and naval forces under this title only such persons as have prior thereto



been tendered a commission in the Army of the United States, the United States Navy, or the United States Naval Reserve. In the selection, induction, voluntary recruitment, and commissioning of nurses by the land and naval forces there shall be no discrimination by reason of race, creed, or color. No person who, as a member of any religious organization, association, or sect, has taken a vow or vows, consecrating her life to religious service, shall be classified as available for induction into the land or naval forces pursuant to the provisions of this title.

"(b) (1) In order to assure that the Nation's limited nursing skills are wisely utilized and that the national health and safety is protected against unwarranted depletion of essential nursing services, in the classification, reclassification, or deferment of any individual under this Act, the selective-service local board shall give consideration to the recommendations, if any, with respect to whether such individual is engaged in essential nursing services, filed with such board by the Nursing Division of the Procurement and Assignment Service of the War Manpower Commission, functioning through its local, State, and National committees and appeal agencies, and no person employed as a nurse in a hospital facility operated by the Veterans' Administration shall be classified by any selective-service local board as available for induction into the land or naval forces under this title unless and until she has been released by the Administrator of Veterans' Affairs.

"(2) No provisions of this subsection shall be construed to deny to any persons covered by this title a right to a hearing and determination by a selective-service local board and to an appeal from such determination in the same manner as provided in title I.

"(c) As used in this section the term 'graduate registered professional nurse' shall be deemed to include the following designations which are in official usage and are protected by law in the various States, Territories, possessions, and the District of Columbia: 'Registered nurse', 'graduate nurse', 'trained nurse', 'certified nurse', 'licensed nurse', and 'professional nurse'.

"SEC. 23. Any registrant under this Act inducted into the land or naval forces pursuant to this title shall be assigned only to duty in which her professional nursing skills and training will be used in accordance with military requirements. No registrant pursuant to this title shall be considered disqualified for nursing service in the land or naval forces merely because the school of nursing in which she received her training was affiliated with a hospital not having a specified minimum number of beds or patients.

"SEC. 24. The President in the exercise of his authority to prescribe such regulations as may be necessary to carry out the provisions of this Act, may prescribe separate regulations providing for the classification, selection for induction, and induction of females pursuant to this title under procedures and quotas different from those governing men, but the quotas shall be determined in a manner similar to that governing the determination of quotas for men, and in fixing and filling such quotas there shall be allowed credits similar to those governing the fixing and filling of quotas for men.

"SEC. 25. This title (other than the provisions requiring registration) shall not apply to women with dependent children or with children under eighteen years of age, or to married women whose marriage occurred prior to March 15, 1945, but shall not affect the voluntary recruitment of any qualified women, who are not deferred after classification, for the Army Nurse Corps, the Navy Nurse Corps, or the Nurse Corps of Naval Reserve, or the appointment of members of such corps as commissioned officers as now provided by law.

"SEC. 26. This title shall include male as well as female nurses and wherever the word 'female' or 'she' is used, it shall be deemed to include male nurses. It is the intent that all nurses shall be registered under this Act, but, in the case of male nurses now in the armed services, the President may provide by regulation that they may be inducted into the Army Nurse Corps under the provisions of this Act, without registration with any local selective-service board.

"SEC. 27. Nurses in the land or naval forces shall, to the extent compatible with military requirements, be assigned in accordance with their requests for assignment, and no nurse shall be denied any assignment by reason of the fact that she would be in the same theatre of operations as her spouse."

Passed the House of Representatives March 7, 1945.

Attest:

SOUTH TRIMBLE,  
Clerk.



SUMMARY OF HEARINGS BEFORE THE HOUSE MILITARY AFFAIRS  
COMMITTEE ON H. R. 2277, A BILL TO INSURE ADEQUATE NURSING  
CARE FOR THE ARMED FORCES

MESSAGE FROM THE PRESIDENT OF JANUARY 6, 1945

The message from the President of the United States which was communicated to the joint session of the Senate and House of Representatives on January 6, 1945, contains the following statements which were made with respect to the need for drafting nurses:

One of the most urgent immediate requirements of the armed forces is more nurses. Last April the Army requirement for nurses was set at 50,000. Actual strength in nurses was then 40,000. Since that time the Army has tried to raise the additional 10,000. Active recruiting has been carried on, but the net gain in 8 months has been only 2,000. There are now 42,000 nurses in the Army.

Recent estimates have increased the total number needed to 60,000. That means that 18,000 more nurses must be obtained for the Army alone, and the Navy now requires 2,000 additional nurses.

The present shortage of Army nurses is reflected in undue strain on the existing force. More than a thousand nurses are now hospitalized, and part of this is due to overwork. The shortage is also indicated by the fact that 11 Army hospital units have been sent overseas without their complement of nurses. At Army hospitals in the United States there is only 1 nurse to 26 beds, instead of the recommended 1 to 15 beds.

It is tragic that the gallant women who have volunteered for service as nurses should be so overworked. It is tragic that our wounded men should ever want for the best possible nursing care.

The inability to get the needed nurses for the Army is not due to any shortage of nurses. Two hundred and eighty thousand registered nurses are now practicing in this country. It has been estimated by the War Manpower Commission that 27,000 additional nurses could be made available to the armed forces without interfering too seriously with the needs of the civilian population for nurses.

Since volunteering has not produced the number of nurses required, I urge that the Selective Service Act be amended to provide for the induction of nurses into the armed forces. The need is too pressing to await the outcome of further efforts at recruiting.

The care and treatment given to our wounded and sick soldiers have been the best known to medical science. Those standards must be maintained at all costs. We cannot tolerate a lowering of them by failure to provide adequate nursing for the brave men who stand desperately in need of it (record, pp. 244-245).

NEED FOR ADDITIONAL NURSES

The Army must have an approximate total of 60,000 nurses at this time in order to furnish presently needed essential nursing service to our soldiers (record, p. 3). The requirement of 60,000 nurses is based upon a ratio of 1 nurse to 12 beds in overseas operations and 1 nurse to 15 beds in the zone of the interior (record, p. 3).

It should be understood that this ratio of nursing personnel to patients is not established upon the basis of desirable nursing service but only upon a basis of that which is absolutely necessary in order to provide minimum adequate nursing care of our soldiers (record, p. 3). The Army has always felt that a ratio of 1 nurse to every 10 beds was needed in order to furnish desirable nursing service, and this ratio was maintained in peacetime. However, in view of the wartime shortage of nurses both in the armed forces and on the home front, this ratio has been reduced to 1 to 12 overseas and 1 to 15 in the zone of the interior (record, p. 11). That the wartime ratio is far from ideal is demonstrated by the fact that on this basis a wounded



soldier received on the average only one-half hour of professional nursing care per day and only 6 minutes of professional nursing care per night (record, p. 28).

Notwithstanding this reduction of nursing service to this absolute minimum, the shortage of nurses in the armed forces has been so critical that the Army has not even been able to maintain this minimum ratio. Actually in the zone of the interior we actually have an average of only 1 nurse to 25 beds in general hospitals, and additional nurses are needed in overseas duty to effect the 1 to 12 ratio (record, p. 3). Recently 11 Army hospital units had to be sent overseas without their complement of nurses (record, p. 245). At present there are approximately 3,500 vacancies in overseas hospitals' tables of organizations, which should be filled immediately with nurses.

Because of the critical shortage of nurses in the armed forces many nurses have served in foreign theaters for a long period of time under most strenuous conditions (record, p. 3). It is not uncommon for nurses overseas to remain on continuous duty for as much as 18 hours attending to the critically wounded (record, p. 243). It is tragic that the women who have volunteered for service as nurses should be so overworked (record, p. 245). Many of these nurses have become physically exhausted and ill from working and living under these severe conditions (record, p. 243). Approximately 1,000 of these nurses are presently hospitalized and unable to work (record, p. 245). There is an immediate and urgent need for a minimum of 5,000 nurses to be sent overseas at this time to relieve these nurses who are approaching a state of physical exhaustion because of these strenuous conditions brought about by the critical nurse shortage.

According to the latest available reports, about 438,734 of this Nation's soldiers have been wounded in this war. The following weekly reports of the number of our soldiers wounded in battle demonstrate the greatly increased rate at which our soldiers are becoming battle casualties: February 28, 7,977; February 21, 10,292; February 14, 11,912; February 7, 12,377; January 28, 16,530; January 21, 22,825; January 14, 13,563; January 7, 9,401; December 29, 7,722; December 21, 6,192; December 14, 47,585 (covers period of 16 days).

In addition to these wounded a large number are sick, a situation aggravated by the extremes of climate in which our armed forces must live and fight in this globe-girdling all-out war.

We are now receiving in our Army hospitals in this country more than 35,000 patients each month, as compared with 8,500 patients monthly in the first half of 1944 (record, p. 2). This represents an increase of 270 percent. Approximately 15,000 patients leave the hospitals each month either to return to duty or to be separated from the service (record, p. 2). Thus the patient load in these hospitals is being increased at a rate of double the number released.

There are now being received into hospitals in foreign theaters of operation more than 1,600 soldiers per day wounded in battle and more than 6,500 soldiers per day taken ill or suffering from nonbattle injuries. Thus a total of more than 8,100 soldiers per day are being received into these hospitals. Of the total number of sick and wounded in Army hospitals at present there are approximately 243,000 in hospitals in the United States and approximately 276,000 in hospitals outside the United States. The incoming patients greatly exceed those being released, so the above figures are steadily mounting.



This has already been a long and hard war and no one has any expectation of obtaining an easy victory. There is hardly an American family who does not have a son, or immediate relative in the armed forces, who may some day require medical and nursing care by the Army (record, p. 4). It cannot be too strongly emphasized that it takes good nursing to bring about the recovery of sick men and those who are injured in battle (record, p. 4). In order to accomplish this objective the membership of the Army Nurse Corps must be materially enlarged.

As of March 6, 1945, the Army had about 46,500 nurses. This represents a shortage of some 13,500 nurses presently needed to furnish minimum nursing service. In addition to relieving this shortage the Army needs more than 250 nurses each month to replace those lost through normal attrition (record, p. 3). This need of the Military Establishment for nurses will continue beyond the close of the war for the number of sick and wounded needing care is cumulative (record, p. 49).

#### PROCUREMENT OF NEEDED NURSES

For 3 years the Army has been telling the public that it needed more nurses and has been actively recruiting them (record, p. 295). During the early part of the war the Army Nurse Corps had managed to get sufficient volunteer recruits to provide an adequate nursing service with the number of nurses in service. This has been possible for two reasons—first, the health of the troops as a whole had been much better than had been anticipated and, second, the active campaigns were not so widespread and of not too long duration so that our battle casualties were not so great (record, pp. 295, 296). In the early part of 1944, however, it became apparent that in order to have the number of nurses required it would be necessary for the Army to accelerate its nurse procurement program (record, p. 296). In April 1944, after the 40,000 ceiling had been approximately attained, the ceiling was increased to 50,000 in order to meet this need (record, p. 297). From April 1944 to the end of the year, the ceiling remained at 50,000, although the actual number of nurses procured raised the strength of the Army Nurse Corps but to slightly above 42,000. There was nothing to be gained by advancing the ceiling as long as we were unable to get sufficient volunteers to meet the 50,000 figure (record, p. 297).

Experiences of the past year afford a clear indication that the nurses needed by the Army can be secured only through extending Selective Service legislation to include nurses (record, p. 3). On the 28th of April 1944 there were approximately 40,000 nurses in the Army Nurse Corps (record, p. 3). At that time a program was commenced by the Army to secure an additional 10,000 nurses by the end of the year (record, p. 3). The program that was put into operation to obtain these nurses was real, genuine, intensive, and vigorous (record, p. 76). In the course of the program some 27,000 letters were mailed over the signature of the superintendent of the Army Nurse Corps to prospective nurse appointees who were classified by the Procurement and Assignment Service of the War Manpower Commission as available for military service. Only 710 replies were received from these letters, and of this 710 approximately 200 applications were made which resulted in appointments to the Army Nurse



Corps (record, p. 306). The Recruiting and Publicity Bureau of the Adjutant General's Office has had many national agencies working on this nurse procurement program (record, p. 6). These include the Office of War Information and the War Advertising Council, both of whom are working on numerous national projects (record, p. 306). There were also included the American Legion, the Girl Scouts, the Advertising Club of New York, the Bureau of Advertising for Newspaper Publicity, the Medical and Nursing Journals, the 360 Red Cross recruitment committees, the National Nursing Council for War Service, and others (record, p. 306). These agencies have been contributing their efforts toward the campaign. Some 818 radio stations throughout the Nation have been carrying transcriptions on the Army Nurse recruitment. In addition, newspapers, periodicals, and visual aids have been utilized (record, p. 307).

This program has been successful insofar as it has made our people aware of the nurse shortage in the armed forces. The Gallup poll, published February 1, 1945, indicated that 78 percent of those persons tested were aware of the nurse shortage in the armed forces (record, p. 296). This certainly demonstrates that a minimum of 78 percent of our nursing population must realize that there is a serious nurse shortage in the armed forces (record, p. 298). Therefore, despite statements made that there has been insufficient publicity given to the need for Army nurses, and insufficient efforts made to recruit these needed nurses, the results of this poll indicate that this is not true (record, p. 297). Notwithstanding this fact, however, the Army's net increase of nurses during the program up to January 1, 1945, was only slightly over 2,000, bringing the total of the Army Nurse Corps to only 42,000.

The latter part of 1944, with the continued acceleration of our military campaigns throughout the world and the powerful German thrust on the western front in Europe, casualties began to mount so rapidly that it became apparent that more than 50,000 nurses would be needed (record, pp. 296, 297). By December 1944 the nurse shortage had become so critical that it was necessary to send 11 general hospitals to overseas service without nurses. When this inability to meet this need became fully realized and all hope of obtaining the needed nurses through voluntary enlistments had to be abandoned, it appeared that the only alternative was to extend selective-service legislation to include nurses. The Army was forced to recognize that we had reached the limit of voluntary recruitment (record, pp. 296, 297). With such legislation under consideration, it was important not only to fix a temporary ceiling, as had been the practice in the past, but to estimate as far as it was possible the reasonable future needs of the Army for nurses. It was with this in mind that in late December, after studied consultations with the Surgeon General of the Army, the Secretary of War recommended to the President that the total number of nurses needed by the Army was 60,000, and that in order to obtain them the Selective Training and Service Act should be amended to provide for the induction of nurses (record, pp. 244, 297). The President, in his message to Congress of January 6, 1945, adopted this recommendation and advised the Congress that:—

Recent estimates have increased the total number needed to 60,000. That means that 18,000 more nurses must be obtained for the Army alone \* \* \* (record, p. 245).



On January 19, 1945, when the Surgeon General testified before the House Military Affairs Committee, he stated that 60,000 nurses were needed in the Army Nurse Corps. Obviously the voluntary procurement program was not in any way impaired by virtue of the ceiling not being raised earlier to 60,000, because the Army had been unable to even achieve its goal of 50,000 through volunteers (record, p. 65).

The inability to get the needed nurses for the Army is not due to any shortage of nurses; 280,000 registered nurses are now practicing in this country. About 46,514 nurses have been classified by the Procurement and Assignment Service of the War Manpower Commission as being available for military service. They are, in other words, the nurses who could be released from their present positions without impairment of civilian service. About 31,803 of this number are unmarried. The procurement and assignment service committee is continually adding to this list (record, p. 105).

The President of the United States, in his annual message of January 6, 1945, stated:

Since volunteering has not produced the number of nurses required, I urge that the Selective Service Act be amended to provide for the induction of nurses into the armed forces. The need is too pressing to await the outcome of further effort at recruiting (record, p. 245).

The uncertainty of the voluntary recruitment of nurses is clearly demonstrated by developments following the President's message on January 6 which proposed the drafting of nurses. In the week following the President's message, that is, the week ending January 13, the number of applications filed by individuals for appointment in the Army or Navy Nurse Corps jumped sharply to 5,515; however, there immediately ensued a sharp and continuous decline in applications. For the week ending January 20, 2,514 applications were filed; for the week ending January 27, 2,001 applications were filed; for the week ending February 3, 1,130 applications were filed; for the week ending February 10, 952 applications were filed; for the week ending February 17, 851 applications were filed; for the week ending February 24, 885 applications were filed; and for the week ending March 3, the last week for which a report is available, only 704 applications were filed. This sharp decline in these applications since this temporary increase has again brought their volume approximately back to that which prevailed in the last quarter of 1944. This sharp but temporary increase in applications accounts substantially for the increase in appointments since the President's message. There are not on duty with or appointed to the Army Nurse Corps some 46,500 nurses as compared with about 42,000 as of January 1, 1945. Nothing which has occurred since the date of the President's appeal has altered the opinion of the War Department that the extension of the selective-service law to the recruitment of nurses is absolutely necessary in order to increase the Army Nurse Corps to its needed strength (record, p. 236).

In addition to assuring the obtaining of the number of nurses needed by the Army to properly care for its sick and wounded, the passage of this bill would accomplish two other desirable ends. The registration of nurses, as provided in this bill, will assure a complete record of information not heretofore available as to the number, qualifications, and identification of the nursing population of this country. In addition, the selection of nurses for induction through the selective

service method provided for in this measure will assure an equalization throughout the country in the drain upon nursing population and thus insure adequate personnel for essential nursing services on the home front.

The following statements were made by witnesses appearing before the Committee on Military Affairs of the House of Representatives as to the need of selective service legislation in order to procure 60,000 nurses for the Army Nurse Corps:

Maj. Gen. Norman T. Kirk, Surgeon General of the Army, stated:

With an immediate minimum need for 60,000 nurses in the Army, the question arises as how to obtain them. It is my opinion that this number can be secured only through extending selective service legislation to include nurses (record, p. 3).

Maj. Gen. George F. Lull, Deputy Surgeon General, testified that the necessity of this bill is based upon the time element involved (record, p. 38).

Dr. Thomas Parran, Surgeon General, United States Public Health Service, testified:

I appear in support of the purposes of H. R. 1284 and of H. R. 1666. \* \* \* It is imperative that the needs of our armed forces for nurses be met. \* \* \* It is unrealistic to anticipate sufficient volunteers to meet the Army's present and future requirements for graduate nurses (record, p. 49). \* \* \* It is for these reasons that I favor applying the selective service principle to graduate nurses up to the age of 45 (record, p. 50).

Rear Admiral W. J. C. Agnew, United States Navy, Acting Chief of the Bureau of Medicine and Surgery, testified:

\* \* \* We appreciate the immediate need of the Army for nurses and for that reason wish to support the bill (record, p. 79).

Dr. Donald C. Smelzer, president, American Hospital Association, testified as follows:

Mr. THOMASON. Do you think this legislation or something like it is necessary?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. Do you think it is imperative?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. That the legislation be passed soon?

Dr. SMELZER. Yes, sir.

Mr. THOMASON. To meet the situation and take care of our wounded men?

Dr. SMELZER. The sooner the better (record, p. 95).

Miss Virginia Dunbar, of the American Red Cross Nursing Service, testified that in accord with the policy of American Red Cross it took no stand either for or against the proposed legislation, but recognized that—

\* \* \* the response for nurses on a voluntary basis is unpredictable (record, pp. 113, 118).

Dr. Paul Barton, executive officer, Procurement and Assignment Service, War Manpower Commission, recognized that we have approached the limit of our entire recruitment when he testified:

The reason I believe we need this particular measure is not only from what the nursing organizations say, but also I believe we are at a point where we need to deal with a group that needs a little persuasion. \* \* \* I agree with the statement from the Army that a draft is necessary (record, pp. 127, 128).

Col. George E. Ijams, Assistant Administrator in Charge of Medical and Domiciliary Care, Construction, and Supplies, Veterans' Administration, testified that intensive efforts at voluntary recruitment



have not met the situation and that the only thing left was "some form of compulsory legislation" (record pp. 146, 147).

Miss Katherine J. Densford, president of the American Nurses Association, admitted that if we need 20,000 nurses and have not been able to get them by voluntary means, that we must resort to other methods in order to get them (record, p. 179). Miss Densford testified that—

The association would accept a draft of nurses as a first step, but only as a first step, in a Selective Service Act for all women (record, p. 178).

Miss Anna Wolfe, secretary, National League of Nursing Education, testified:

In closing, I repeat, the National League of Nursing Education supports in principle a Selective Service Act for women with a draft of nurses as the first step in order to meet the military needs and a National Service Act to meet civilian needs (record, p. 198).

Sister Olivia Gowan, National Nursing League Organization representative, testified that we should have a Selective Service System and induction of nurses under the provisions of the selective service law, not only for the military service but also for the civilian population (record, p. 212).

Mrs. Stella Goostray, chairman, National Nursing Council for War Services, testified:

The council approves this principle, Federal selective service legislation for the procurement of nurses for the needs of the armed forces (record, p. 226).

The Honorable Robert P. Patterson, Under Secretary of War, testified:

In behalf of the War Department I urge prompt passage of the May bill, H. R. 1284. \* \* \* Voluntary recruitment cannot be relied on to make good the shortage in time. \* \* \* Passage of the bill will mean that the necessary number of nurses will be on hand. It will be the guarantee of Congress to the stricken soldiers that their nursing care will be adequate (record, pp. 232, 233).

Gen. Frank T. Hines, Administrator of Veterans' Affairs, testified:

Mr. THOMASON. Boiled down, General, you favor this legislation provided the first highest priority goes to our boys who have been wounded in combat, and then let the veterans have second priority over the outsiders?

General HINES. That is my contention.

Mr. THOMASON. And on that basis you favor this legislation?

General HINES. I do.

Mr. THOMASON. It is also your considered judgment that these nurses cannot be obtained by voluntary methods.

General HINES. I doubt if they could, with any degree of speed, and apparently from War Department information to this committee there must be speed.

Mr. THOMASON. In other words, you advise this committee resolve the doubt in favor of the wounded boys, do you not?

General HINES. Undoubtedly; no question (record, p. 249).

Maj. Edna B. Groppe, Chief of the Nursing Branch, Military Personnel Division, Office of the Surgeon General, testified:

\* \* \* We are reaching the limit of voluntary procurement. \* \* \* The only method which would be safe in securing the number of nurses required was selective service (record, pp. 296, 297).

The Honorable Henry L. Stimson, Secretary of War, in a letter to the chairman of the Committee on Military Affairs, House of Representatives, stated:

Late in December, after studied consultations with the Surgeon General of the Army, I became convinced that the War Department could not in good conscience,



longer hazard the proper nursing care of our sick and wounded with the uncertainties attending voluntary recruitment. Accordingly, after assuring myself by study and council of the power of the Congress to act, I placed the facts before the President urging that he recommend amending the Selective Service and Training Act so as to provide for the induction of nurses into the armed forces (record, p. 244).

It is recognized that since the proposal for selective service of nurses has progressed this far with its attendant publicity, if the proposal is now rejected efforts at voluntary recruitment will be much less effective than before this draft proposal (record, p. 127). The psychological factor involved is that the draft proposal is considered to meet an emergency, and if it is rejected the normal assumption on the part of the nurse population is that the emergency does not in fact exist and that they are not badly needed. This would play havoc with the voluntary program which, even without this handicap has failed to bring forth sufficient volunteers during the last year (record, p. 142). Obviously then if this legislation is not quickly passed we are going to fail our stricken combat soldiers (record, p. 232).

#### UNITED STATES CADET NURSE CORPS

By act of June 15, 1943 (57 Stat. 153), Congress authorized to be appropriated sums sufficient to effect a program for the training of nurses:

For the purpose of assuring a supply of nurses for the armed forces \* \* \* and other essential services (50 U. S. C. sec. 1451).

The statute further provided that no student nurse should be included under the plan unless in the judgment of the head of the institution undertaking the training of such nurse, she would be available for military service, or other essential service, upon her graduation. Thus the Cadet Nurse Corps was created for a twofold purpose: To augment civilian nursing service so that larger numbers of graduate nurses could be released for the military, and to create a pool from which the military could draw when cadet nurses became seniors and graduates (record, p. 288).

Under this cadet nurse training program the training schools receiving funds thereunder were required to accelerate their program of training to 24 to 30 months instead of 36 months. In addition, students enrolled in the cadet nurse program were required to pledge, "to engage in essential nursing, military or civilian, for the duration of the war" (record, p. 50).

It should be remembered, however, that the Bolton Act creating the Cadet Nurse Corps was not signed until July 1943, and that it was not until September 1943 that the girls could enter nursing training as members of the Cadet Corps (record, p. 288). Accordingly, only 1,206 cadets graduated in 1943-44, and these were student nurses who were well along in their training before the corps were formed. In 1944-45 only 9,165 cadets will graduate (record, p. 289). It is evident, therefore, that the graduates of the United States Cadet Nurse Corps training program will not be sufficient in number at this time to take care of the immediate needs of the Army for additional nurses. Of the approximately 10,500 nurses who have graduated from the Cadet Nurse Corps during its first 18 months existence, ending January 1, 1945, approximately 40 percent have applied or



have actually been accepted by the military services. They have responded for military duty in much greater proportion than have their classmates who are not in the corps (record, p. 52).

#### MALE NURSES

The question has been raised as to why the some 8,000 or 9,000 male nurses of this country are not being commissioned and used as nurses in the Army Nurse Corps. In this connection, it should be pointed out that all qualified men of draft age are wanted first for combat duty. Therefore, it would seem improbable that most of the male nurses not in the Army already have been deferred for physical reasons and therefore few could pass the physical tests necessary to become a nurse (record, p. 270). In addition it should be pointed out that there is a great shortage of male nurses in civilian nursing, and a great many have deferments because of their essential occupation (record, p. 40). No segregation of male nurses has been attempted by selective service. The Medical Corps is now utilizing all of the male nurses that have been made available to it.

Of the men identifying themselves as nurses and requesting service in the Medical Corps, some 700 or more have been so transferred. Their duties are those of medical technicians of many sorts as well as of battalion aides. There are units in the Southwest Pacific where there are no female nurses and male nurses have been given technical ratings and assigned to those units (record, p. 40). The Medical Corps is also using male nurses in other places (record, p. 40). More than 13,000 Medical Administrative Corps men have been commissioned and are serving as auxiliary medical officers. Male nurses have the same opportunity as any other enlisted man to attend this Officer's Training School and to qualify for these commissions. They may apply for officer's training, and some have done this and been commissioned (record, p. 290).

The male nurse specializes in particular fields for which he is best suited by virtue of being a male, such as amputation cases, genito-urinary diseases, and psychopathic cases (record, pp. 40, 63, 300). It is for this reason that they are not suited to be commissioned as an Army nurse and undertake all of the diversified and general nursing activities of the Army nurse (record, p. 300).

Finally, it should be remembered that the Army Nurse Corps is set up by the statute passed in 1901 as a "female" corps. There is a very general and sincere sense of the value of retaining the Army Nurse Corps as a woman's corps, and to continue to use such trained male personnel as presents itself in the auxiliary medical services where they are exceedingly useful and often very necessary (record, pp. 290, 300).

#### NEGRO NURSES

The Army is accepting every Negro nurse who puts in her application and meets the requirements (record, p. 15). Several hundred Negro nurses have already been commissioned and are being used in this country and overseas (record, p. 15). Whites and Negroes are not segregated, but are all put in wards together. There is no segregation of color in the Army hospitals unless there happens to be a division at one post where there are nothing but colored troops (record, p. 15). There has not been any discrimination with respect



to nurses so far as race, color, or creed is concerned (record, p. 239). Some charges of discrimination have been unjustifiably made. For instance, the press recently carried an article about 18 Negro nurses said to have been rejected because they were Negroes. An investigation revealed that only 2 of these had ever applied for a commission in the Army Nurse Corps, one did not pass the physical standards and the other was declared to be essential in her present occupation (record, p. 239).

#### JAPANESE NURSES

The question has been raised as to whether the Army is utilizing nurses who are American citizens but of Japanese extraction. The principal source of these nurses would be Hawaiian and other Central Pacific Islands. At the beginning of the war it was ruled that all nurses in these areas, whether white or of Japanese extraction, were needed for nursing in the civilian defense activities of the islands. Accordingly no nurses have been taken by the Army Nurse Corps from these islands. The Medical Corps has recently formally requested that it be allowed to commission Army nurses from this area.

There are a few nurses who are American citizens of Japanese extraction, presently commissioned and on duty with our armed forces. The number, however, is negligible, as is the number of trained and qualified nurses in this country who are of Japanese extraction.

#### WAR DEPARTMENT CEILINGS FOR NURSES

There has been some confusion concerning the various ceilings for nurses which have been fixed from time to time by the War Department (record, pp. 237, 297). In view of the highly fluid state of the war and the absolutely unpredictable fortunes of battle, these needs will always fluctuate in relation to the varying number of casualties experienced. Accordingly, the administrative fixing of ceilings must be raised or lowered from time to time (record, pp. 237, 297). The need for nurses will always fluctuate as also will the need in every other category of the war, and if it is expected that in a war of this size a perfect job of forecasting can be accomplished, those expecting this result must be bitterly disappointed (record, p. 237). It is now the best estimate of the Army that a total of 60,000 nurses will be needed before June 1, 1945. However, in view of the uncertainties of the situation, it would not be surprising, depending upon the events of the war, that even more might be required before that time, thus necessitating a revision of this ceiling (record, p. 277).

It cannot justifiably be said that the administrative changing of these ceilings has prevented the Army from securing the number of nurses needed. From April 1944 until the end of the year the ceiling remained at 50,000, but the Army was able to procure only 2,000 additional nurses, raising its total number to only 42,000 (record, p. 297). Obviously, if the Army was unable to obtain the 50,000, nothing would have been gained by advancing the ceiling during that period to 60,000. In this connection it is interesting to note the testimony of Dr. Parran of the Public Health Service on page 65 of the record:

Mr. PEARSON. Do you feel if they raised the ceiling early enough to 60,000 there would have been any difficulty in getting the other 20,000?

Dr. PARRAN. In my opinion, there would have been.

All of us know that wartime conditions and the military situation change from month to month.

## STANDARDS OF THE ARMY NURSE CORPS

There has been some criticism of the Army Nurse Corps' physical and professional standards as being so high that a number of reasonably well-qualified nurses are prevented from volunteering for the corps. This criticism seems to be completely answered on the basis of the number that are disqualified for professional or physical reasons. Approximately 5 percent of all nurses applying are disqualified for professional reasons, and 20 percent disqualified for failure to meet physical standards (record, p. 116). Of the 5 percent who are disqualified for professional reasons only 2.7 percent are disqualified for failure to graduate from nursing schools meeting the standards of the Army Nurse Corps (record, p. 117).

The qualifications of the Army nurse must necessarily be high because of the responsibilities she has to assume in her position. In addition to having to discharge the duties of a commissioned officer in the Army of the United States, she must be possessed of the highest type of professional qualifications in order to discharge her many and varied professional duties under the adverse conditions under which she must frequently work. In addition, she must meet very high physical standards in order to be able to stand up under the gruelling physical strain imposed upon her as an Army nurse. In other words, the Army nurse must be able to act under any given situation and under any circumstances both as an officer and as a professionally trained nurse (record, p. 11). Our wounded and sick combat soldiers are certainly entitled to the best nursing care that we can give them (record, p. 15).

The Army has carefully reviewed its standards, both professional and physical, for Army nurses in order to see if, in view of the existing shortage, it would not be possible to reduce these standards in some ways (record, p. 19). It was found that all that could be safely done was to lessen physical standards for nurses as to weight and height, and these standards have been relaxed in this respect.

## NECESSITY FOR IMMEDIATE PASSAGE OF BILL

It is unrealistic to anticipate sufficient volunteers to meet the Army's present and future requirements for graduate nurses (record, p. 49). The response from nurses on a voluntary basis is unpredictable (record, p. 118), and this method cannot be relied on to make good the shortage in time (record, p. 232). We now have 1 nurse looking after about 26 beds instead of 15, and many vacancies in overseas nursing Tables of Organization. That is why we have to have this legislation now, and not next June, to meet this load; if we do not we are going to fail (record, p. 232). The need of the Army is acute and immediate, and the means of meeting that need are provided in H. R. 2277 (record, p. 232). There is no time to lose. We cannot gamble with the lives of our soldiers, and delay in obtaining the additional nurses that are needed may result in tragedy to thousands of wounded and sick soldiers. This bill is a bill in behalf of the combat soldiers fighting the Germans on the western front and in Italy, and fighting the Japanese in Luzon, Burma, and the Pacific. Prompt passage of this bill will be the guaranty of our Congress to our stricken soldiers that they will not suffer for lack of adequate nursing (record, p. 233).

The CHAIRMAN. Secretary Patterson, please.



**STATEMENT OF THE HONORABLE ROBERT P. PATTERSON, UNDER SECRETARY OF WAR**

The CHAIRMAN. Judge, for the record, I have already had inserted a summary of the House testimony, prepared by General Smith. If you can bring us up to date, it will be very valuable to the committee. You may be seated.

Secretary PATTERSON. Mr. Chairman, I have a letter from the Secretary of War. He had to leave town this morning, and he asked me to present it and, if you like, I will read it now.

Then I have a short statement of my own, and then, of course, I will be very glad to answer inquiries.

This letter is dated March 17 and is signed by Henry L. Stimson, Secretary of War:

Dear Senator Thomas: I have asked Judge Patterson to tell the committee of my strong interest in the bill to insure adequate nursing care for the men in the armed forces. The bill (H. R. 2277) makes provision for induction of nurses into the armed forces by Selective Service.

The Nation owes many obligations to the soldiers and sailors fighting in this war, but no obligation is more compelling than the obligation to provide them with the most thorough medical care when they become disabled and helpless by wounds or by disease. The paramount character of this duty is so evident that adequate nursing must be provided at all cost.

There is now a serious shortage of Army nurses. I personally found and witnessed a very considerable shortage in the theaters which I visited in July 1944. This became very much more serious in the latter part of 1944, with the great increase in the number of wounded soldiers from the hard fighting which then took place. We were unable to obtain the additional nurses needed, despite the utmost efforts of the Surgeon General and the American Red Cross. The result was that the nurses on duty in Army hospitals were obliged to work an inordinate number of hours every day to give the necessary care to casualties from the field of battle.

On January 6 the President, as you know, called attention in his message on the state of the Union to the critical shortage of Army nurses and urged the passage of an act to provide the additional nurses by Selective Service. While his message brought forth a somewhat greater number of volunteers in the next 3 weeks, the rate of applications quickly fell off, and it is down again now to the lower levels that were prevalent last year. It is the judgment of the Surgeon General that in the absence of legislation the requirements for Army nurses will not be filled.

Under the conditions that face us, it is of the most urgent importance that favorable action on this bill be taken promptly. We cannot ask the wounded and sick soldiers to wait for relief.

In behalf of the War Department I also urge prompt passage of H. R. 2277.

The bill declares that to provide adequate nursing care for the armed forces it is imperative to secure immediately the services of additional nurses.

The bill, as passed by the House, provides that nurses between 20 and 44, inclusive, with certain exceptions, shall be liable for selection and induction into the military service.

It is a simple, direct measure. It will meet the need. Without it there is real risk that the need will not be met. We cannot ask our soldiers to take that risk.

The one and only consideration with us in seeking passage of this bill is to assure the highest standard of nursing care for our wounded and sick soldiers. This legislation was proposed only when it had become probable that such care could not be provided without it.

You will recall that it was on January 6 that the President called attention to the urgent need for more Army nurses and asked for this legislation. Nothing has occurred since January 6 to make this need less pressing. The Surgeon General is here to give you the detailed facts, but there are two prime features in the situation that I feel bound to mention.

1. Since May 1, 1944—a period of 10 months—the patients in Army hospitals have doubled in number, while the increase in the Nurse Corps has been less than 20 percent. That is why we cannot give the standard of nursing care that we owe the soldiers unless we have more nurses.

2. Four hundred and fifty thousand soldiers have already been wounded in this war. Since the President's message on January 6, in which he urged the induction of nurses under the Selective Service Act, an additional 107,000 soldiers have been added to the list of wounded. That 107,000 is part of, and not in addition to, the 450,000. Our Army hospitals, at home and overseas, now have 520,000 patients.

Those soldiers now wounded and sick, and those others who will fall wounded and sick before this bitter war is finished, have the first claim on this country. The care of these wounded and sick men is the No. 1 nursing job of the Nation.

In January the President called for 60,000 nurses for the Army, or an additional 18,000 nurses. That figure represents the Surgeon General's considered judgment. As of March 10 the Army Nurse Corps numbered 47,500, an increase of 5,250 since the President's message. We are still, however, far short of our goal, despite the President's message and a vigorously stepped-up recruitment campaign. The Army and the Red Cross have streamlined their procedures and have speeded the processing of applications. Nevertheless, as nearly as can be fairly estimated from all available facts, we will on June 1, 1945 still be 9,000 short of Army needs unless this bill is enacted. While it is true that there was a sharp upswing in applications of nurses to the Red Cross immediately following January 6, it is also true that an equally great decline has since set in. The volume of applications is now almost down again to that inadequate number that prevailed in 1944. We owe our wounded and ill soldiers something more than a 50-percent result.

This bill will not only benefit the wounded and sick soldiers who have the first priority on the Nation, but will also benefit those devoted women who have voluntarily become Army nurses serving in this country and wherever our soldiers are fighting overseas. Unless the Army needs are filled, these nurses will be called on to work beyond the limit of their endurance. They are close to that limit now. I have seen nurses overseas who have been on continuous duty for over 18 hours, attending to the critically wounded that have been brought in.

Of course, when nurses are short, those on duty will continue to carry the load. They will continue until they break down, and the strain on those devoted women is beyond their power to bear. They need and deserve relief.

Many of these nurses have been overseas for 3 years. After such long and arduous service they are entitled to a tour of duty in this country, but they cannot be returned in the face of the existing critical shortage of nurses. Fairness compels some measure of relief for these brave, patient, hard-working women.



The drafting of nurses is no reflection upon the nursing profession in this country. The nursing profession can well be proud of the large number of nurses who have volunteered. The fact is that an all-out war makes heavy demands, demands that cannot be filled by volunteer recruitment, and that is as true of nurses for military service as it is of men for military service. At the end of April 1944 additional efforts were made to raise the number of Army nurses from 40,000 to 50,000. A net gain of 2,584 additional nurses was secured by the end of 1944.

I am sure we all agree that with the armed forces of 12,000,000 men in the Army and Navy now, it would have been utterly impossible to reach that strength by pure voluntarism. It was brought about by the Selective Service Act. That is true in every war if it is long enough and on a large enough scale; you always have to resort to induction by selective service, and if it has not been done at the outset it has to be done in the course of the war, because there comes a time when the demands are such that those who do cheerfully go have gone and recruiting dries up. So I say the measure here recommended is no reflection upon anybody.

That net gain of 2,584 was out of the target of 10,000 additional nurses set for those 8 months.

The wounded cannot wait to see whether the needs may be filled by voluntary recruitment. In the President's words, "the need is too pressing to await the outcome of further efforts at recruitment."

Except for registration, nurses engaged in essential civilian nursing will not be affected by the passage of this bill. Since nurses engaged in nonessential civilian nursing will first be inducted, it is obvious that there will result a more even distribution of nursing in essential civilian nursing. There are now ample nurses available to fill the needs of the armed forces without impairment of civilian nursing service.

Above all, I urge prompt action. There is no time to lose. The hard fighting now taking place means more casualties, and more casualties call for more hospital and nursing care. Delay in obtaining the additional nurses needed may result in tragedy to thousands of wounded soldiers.

In conclusion, I may sum up the case by saying:

First, the Nation is bound to give the most adequate and thorough nursing care to the soldiers who fall wounded and sick in its defense. No one has challenged that proposition. No one can.

Second, that standard of nursing care will not be met unless we have legislation for induction of nurses into the military service. The risks of failure are too great to rely on volunteer recruiting alone. For that we have the word of the President, and we have the word of the Surgeon General of the Army, who has the responsibility for the medical care of our soldiers. The same view on inadequacy of volunteering has been given by the Surgeon General of the Public Health Service, by the Administrator of Veterans' Affairs, and by the Procurement and Assignment Service of the War Manpower Commission. We cannot afford a policy of "wait and see."

Prompt passage of this bill will be the guaranty of Congress to the stricken soldiers that their nursing care will be adequate.

The CHAIRMAN. Mr. Secretary, I do not think it need be said here, especially to this committee, that we ought to be prepared for all

things. We have attempted to anticipate as best we could how the drafting of nurses could be accomplished, and if we cannot get over the real lesson of preparedness to the people of our great country we will probably fail in accomplishing any lasting worth.

You have a shortage of nurses, you say. What is being done to make up that shortage now? I do not think, in the light of what has been done in nurse training and what has been done in doctors' training, to cut down the need, and the changing of mind from time to time about the worth of this nurse training, that it is quite right to bring us to a situation where quick action on the part of the legislative branch of the Government is the prime necessity. That is no way to accomplish things. Now, what are you doing for the recruitment of nurses at the present time?

Secretary PATTERSON. As the committee knows, Senator, we have always worked with the American Red Cross to get volunteers.

Since the date of the President's message they have greatly shortened, with the American Red Cross, the processing of applications. They have also with the American Red Cross sent out to all Red Cross chapters and bodies, appeals in the strongest terms to get the nurses to volunteer. They have used the National War Advertising Council, the Boy Scouts, the Girl Scouts, and the American Legion; I think they have used every means of bringing the need home.

It is interesting to note that by the Gallup poll, the report is that 78 percent of the people of the country reported that they were aware there was a shortage of Army nurses. So there has been no effort spared, certainly not in the last 3 months, to make the need known. The need is known and thoroughly known.

That does not mean efforts were not taken before that time. The Surgeon General is here and he can tell in more detail what he has done. But in the last 8 months of 1944, in order to try to fill the need of 10,000 more nurses, the Surgeon General's office and the Red Cross have tried to canvass the field and bring in volunteers.

Some 27,000 names were turned over by the Procurement and Assignment Service of the War Manpower Commission of nurses available for Army duty, and a letter was sent to every one of them by the Army Nurse Corps. I believe they had 700 answers and they got something like 200 volunteers out of that effort, and that was, as I say, the result of letters sent personally to each one of the 27,000 people certified to be available for Army nursing.

The CHAIRMAN. Of course, where you have a selective group to begin with, such as you have among nurses, professionally trained persons, the problem is a little different. But in one city that I know of—since we have the War Department on the stand, we will be able to talk about the Navy, I suppose—in the recruitment of WAVES there have been in the city, to my knowledge, three commissioned officers with a great staff. Have you anything comparable to that in regard to the recruitment of nurses? Or, to put it this way: You have recruitment organizations for WAC's from one end of the country to the other; why can they not be given the nursing task, too?

Secretary PATTERSON. The regular channels have always been for the stimulation of volunteering, through the American Red Cross. They reach many more communities—I suppose they reach every county in the United States. They reach many more communities than any direct-recruiting effort of ours could do.



The CHAIRMAN. Do you assume the Red Cross is doing a bigger job than the Army is doing for the WAC's and the Navy for the WAVES?

Secretary PATTERSON. We have not had great success in the recruiting of WAC's. We have 93,000 after 3 years of effort, while the objective has always been 150,000. The recruiting of WAC's has come in very slowly. I would not say that the method used in recruiting WAC's was any better than the method used for recruiting nurses or that the results were any more successful. In fact, we have come far closer to the quota on nurses than on WAC's.

The CHAIRMAN. The great difficulty in recruiting nurses comes back to the one point, and that is finding available trained nurses in the country. So we have very probably found that there is a shortage in education and training. I think that is where we have fallen down in everything, is it not, Mr. Secretary?

Secretary PATTERSON. They can correct me if I am wrong, but I have understood that the figure on the number of registered qualified nurses in the country was around 260,000. So that there is no over-all shortage of a severe character, at any rate, in the people qualified in the country to be nurses.

The CHAIRMAN. But hardly even those figures will hold in a recruitment program where you take one selective group from another selective group; that is, your Army qualifications and your Navy qualifications are such you are going to limit it naturally to a small percentage of all of the people that offer themselves.

Secretary PATTERSON. I think it is the view of all who have studied it that the quota of Army nurses set at 60,000, is by no means one beyond the capacity of the registered trained nurses of this country, even those who can qualify by age bracket and physical standards, to fill.

The CHAIRMAN. There are something like 280,000 registered nurses in the country?

Secretary PATTERSON. I had heard there are between 250,000 and 280,000.

The CHAIRMAN. Somewhere under 300,000?

Secretary PATTERSON. Yes.

The CHAIRMAN. And 50,000 is one-sixth.

Secretary PATTERSON. Sixty thousand would be something less than one-fifth.

The CHAIRMAN. So that if you go into the other provisions, or into the branch of life where you have a particular need, you find it likely the failure of supplying the need is something very basic to the whole situation. That has been discovered in selective service; for instance, that poor eyes have accounted for many of our rejections for military service. I think we should be prepared on all these things. That is the view of all of us.

Secretary PATTERSON. I agree with you, Senator, but I remain of the opinion, after a war has continued for 3 years on the scale of this one and the need grows, that you cannot safely rely on further volunteering in face of the way the volunteering has dried up. Of course, it gets a shot in the arm occasionally, like the President's message gave it one, but that peters out again and the needs are too vast to be filled by pure volunteering. The urgency of adequate nursing and medical care is something we cannot fail on. The urgency is so pressing we cannot afford to ask our soldiers to take the risk.

The CHAIRMAN. There is no argument about what you say, but I am trying to point out here we are probably neglecting the big fundamentals right at the time when you see this need. That is what I do not want done and I know that is what you do not want done. I want to get at the real basis of this so that when it is assumed we have enough nurses in training, we will not cut the appropriations for the nurse training and things of that kind.

Secretary PATTERSON. I think the program for affording nursing training is an excellent program. Of course, we have not reaped the full benefit yet because it has been in existence only 2 years, and the benefits from that have not come out.

Senator O'MAHONEY. I think it is now around 28,000.

Mrs. BOLTON. There are 140,000 cadet nurses, but the cadet nurse group is not the only group of standard nurses in this country.

The CHAIRMAN. There are as many in training as you have registered, in one place or another.

Senator O'MAHONEY. Does anybody know how many definitely are in training and where?

Secretary PATTERSON. I cannot say.

Senator O'MAHONEY. Does the Surgeon General know?

Secretary PATTERSON. I would rely on Mrs. Bolton for the figures.

Mrs. BOLTON. I think the profession will be testifying, Mr. Senator.

The CHAIRMAN. I think the figures are here in this record, and I think you will find it is pretty close to 200,000 by now.

Are there any questions?

Senator HILL. Mr. Secretary, are you satisfied with the bill as it passed the House?

Secretary PATTERSON. Yes, sir.

Senator HILL. You are?

Secretary PATTERSON. Yes. I believe the bill as it passed the House will fill the need.

Senator HILL. You think it will?

Secretary PATTERSON. Yes.

Senator HILL. I would like to have you comment on a telegram that I have here from Dr. A. C. Scott. Dr. Scott is director of the Scott & White Clinic of Temple, Tex. Dr. Scott is one of the outstanding surgeons and medical men of the country. I might say, when the late Dr. Charles H. Mayo was considering the best place to send his son, the present Dr. Charles H. Mayo, for his internship, he sent him to the Scott & White Clinic because it is so outstanding.

I have a telegram from Dr. Scott at the time the bill was passed by the House and also a letter and a second telegram, and I think the second telegram really covers what he has in mind with reference to the bill, and I will read this telegram, if I may, and have your comments on it:

I now have full copy nurse draft H. R. 2277 as passed by House March 11. Very good as written with two outstanding exceptions. Most defects cited in letter reasonably corrected except failure to require Cadet Nurse Corps graduates to keep their contract with Government—

Do you know what he has in mind with reference to that?

Secretary PATTERSON. I think he refers to it permitting them to enter either military or essential civilian nursing.

Senator HILL. I will read the rest of it:

\* \* \* and section 25 pertaining to married women. The former is unjust to other older single nurses, but section 25 most serious and dangerous from stand-



point continuous production more nurses in hospital training schools. Majority civilian hospitals have training schools and these must be kept going continuously. Act as written means only unmarried women subject to induction and those married after March 15. Majority conscientious single women are now serving in either armed forces or essential hospital positions. Percentage unmarried to married in various civilian hospitals probably varies from 30 to 60 percent unmarried in essential training positions. Sudden loss of them whether from volunteering or by induction will be disastrous without corresponding inflow of equally experienced married women into essential hospital positions. After passage section 25 vast majority unmarried women in hospitals will feel they should volunteer at once, irrespective of possibility that procurement and assignment may classify them or induction board may later defer them as essential. No good hospital will want to be in unenviable position of trying to hold them against their patriotic desires. Believe amendment as suggested in my letter, pages 2 and 3, relating to married (repeat married) and unmarried women who are in essential civilian positions would cure all of above and prevent disastrous consequences and all present and future production of additional nurses.

Now, the amendment which Dr. Scott suggests is as follows:

This act shall apply to all unmarried women; and to all those married women (1) who have no children; (2) and who were not acting as the sole support of some dependent at the time of passage of this act; (3) and who on March 15, 1945, were living in a separate domicile or locality from their husbands; (4) and to all married and unmarried women who, prior to the date they are called for induction by selective service, were not engaged in some essential civilian hospital service or other nursing service declared essential to the national health and safety by the Procurement and Assignment Service of the War Manpower Commission.

I would like to have your comments, Mr. Secretary. Did I make it clear from reading the telegram what he has in mind?

Secretary PATTERSON. Yes; you did, Senator.

This bill as I understand it, covers all nurses between 20 and 44, inclusive, with few exceptions. There is an exception for married women with dependent children, I believe, or children below the age of 18, I think, and also women married prior to March 15, 1945.

So far as those other classes are concerned that are mentioned in the telegram you read, I would leave them to be taken care of by the local boards. The local boards will exercise a great deal of discretion.

Senator HILL. But they could not do it unless they were in the act. Do you understand they are in the act?

Secretary PATTERSON. You can take care of several of these things he has mentioned in this telegram by decisions of the local boards, and the act does provide that the local board in making inductions shall take into account recommendations of the Procurement and Assignment Service of the War Manpower Commission. I think that is as far as you can go. You ought not give anybody outside of the local board the basic veto to say this one shall go and this one shall not.

Senator HILL. I think the matter of the drafting is entirely in the hands of the Selective Service, according to his amendment, but so far as the War Manpower Commission is concerned, it is whether the person is in some hospital or nursing service declared essential to the national health and safety by the Procurement and Assignment Service of the War Manpower Commission. The Commission would not have anything to do with the inducting or drafting. It would be the field of that agency to determine whether or not the person was in essential civilian hospital service or other nursing service.

Secretary PATTERSON. I think the bill goes far enough in saying they shall make recommendation and their recommendation shall be considered by the local boards.

I take it there is a further point in the telegram, and that is, he objects to the exemption of married women within those three categories, but I have no views that are worth while on that single point.

Senator HILL. He would have it apply to other married women who have no children and who are not acting as sole support of some dependent at the time of the passage of the act and who on March 15 were living in a separate domicile from their husbands. Do you understand the bill as now written embodies what he suggests?

Secretary PATTERSON. The bill goes a little further in exempting married women than his ideas would.

Senator HILL. Did you not have some kind of amendment put in on the floor of the House? I did not read the record of the debates on it, but did you not have an amendment put in, either in committee or on the floor of the House, that very much changed the situation with reference to married women?

Secretary PATTERSON. Not that I know of.

Senator HILL. Would it be all right to ask Mrs. Bolton, as a Member of the House?

Mrs. BOLTON. There was a great deal of confusion on the floor of the House at that particular moment.

Senator HILL. Having served in the House for 12 years, Mrs. Bolton, I am surprised to hear you say there was confusion in the House.

Mrs. BOLTON. Senator, it is possible to understand mistakes could be made. The amendment was written and offered in the midst of confusion. It was understood by the gentleman offering it and by myself that it would include married women without dependents. The dependent clause was most carefully worked out so that everyone would be permitted individual protection. Then, it was supposed the wording would include all other married women.

After it was passed it was discovered it did not do so, but excluded them, and those of us who feel certain married women should be included have suggested that this committee should make the change, giving most careful protection to all who should have it.

Senator HILL. I do not want to take the Secretary's time, but I would like to ask one question: Was the intent and purpose of that amendment offered in the House substantially the same as the intent and purpose of the amendment suggested by Dr. Scott?

Mrs. BOLTON. I have only heard one reading, but the general trend was that.

Senator HILL. The general trend was that?

Mrs. BOLTON. Yes.

Senator HILL. Thank you.

Secretary PATTERSON. I have the Surgeon General here, Mr. Chairman, and I would like to have the committee hear him.

The CHAIRMAN. Senator Burton?

Senator BURTON. Mr. Secretary, is there any other branch of the military service of the Army where we now rely upon volunteers alone?

Secretary PATTERSON. Where we have a filling of special needs—where we have a need for men above the age of 37, but those are isolated cases. Over a broad category, I do not know of any except the WAC's.



Senator BURTON. Is it not a fact where the combat forces have risen to the greatest scale in combat history, we depend upon the draft as a natural source of raising that army?

Secretary PATTERSON. We would never have it the size it is without selective service.

Senator BURTON. And the Nurse Corps is necessarily related in its size to the combat forces?

Secretary PATTERSON. It is a necessary ingredient, and the size of the Nurse Corps is closely related to the size of the group of men they serve.

Senator BURTON. It seems to me it is necessary to use the safest method of providing not only for combat forces but all forces incident to combat in order to have a complete army of the modern type.

Secretary PATTERSON. I think when I said there were 520,000 wounded and sick now in our hospitals, that shows the need for additional nurses. Of course, we would not need them if we only had 50,000 wounded and sick, and what you say, Senator, is quite right, that the quota of nurses depends on the number of soldiers whom they aid.

Senator BURTON. As a matter of actual fact, when a man is wounded he must be cared for by someone, either skilled or unskilled, and if you do not have the skilled nurses, you put an enlisted man or a commissioned officer there, but they just have to be cared for.

Secretary PATTERSON. That is true.

Senator BURTON. And this is just a step to try to provide skilled rather than unskilled help for a necessary branch of the armed service?

Secretary PATTERSON. That is right.

The CHAIRMAN. I should say in answer to Senator O'Mahoney's question about the number of cadet nurses, on page 54 of the House hearings there is a table which, while it does not answer the question directly—you can see the trend at the bottom of page 58. In 1934-35 there were 30,000 admissions to nursing schools. All of these were noncadets. In 1939-40 there were 37,500 admissions. In 1943-44 there were 65,521 admissions, and in 1944 and 1945—first 6 months—38,000 admissions. Now the average course is 3 years, and you could estimate pretty well the number of persons studying nursing throughout the country.

Senator O'MAHONEY. Mr. Chairman, I observe on page 23 a statement with respect to the number of graduates, and it would appear that, in the fiscal year 1943-44, 1,206 cadets were graduated; in the next year, July 1944-45, it is expected they will graduate 9,165 cadets. The estimate for the following year, 1945-46, is 25,161, and then this statement:

In 1944 it was estimated that a total of 28,900 nurses graduated from classes of nursing in the United States of America.

I think it would be desirable if the committee knew what proportion of the cadets who were actually graduated did go into Army service and what proportion of those who are receiving training are expected to go in or if there is an intent upon their part to accept service in the Army Nurse Corps.

The CHAIRMAN. The plan was to have 40 percent of them go into Army service. It was assumed that would fill the requirements.

That was changed to 35 percent. Now, of course, the need is greater, and that greater need should be stressed with the graduates.

Senator O'MAHONEY. This statement also indicates that approximately 200 classes of nursing in the United States either have not qualified or have not requested funds under the Bolton Act, and that raises the question in my mind whether or not we have taken proper steps to make sure that there is adequate training.

The CHAIRMAN. Steps have been taken now, and there is no doubt in my mind or in Mrs. Bolton's mind that the trend is definitely upward. The thing I am fearful of is, just as we have gotten the great activity of our country started, it might be stopped, as it has been threatened time and time again since it started, and if we cannot anticipate a little better in the future for all of our needs than we have in the past, we will be here dealing with what must be termed "an emergency measure" when it should be taken in stride and we should see that our basic needs are corrected rather than having to resort to emergency measures.

Secretary PATTERSON. Senator, we have had the quota at 50,000 since the end of April 1944. It was raised the day of the President's message to 60,000. We were not able to make up even the 50,000 at the end of 1944. We only got 2,500 out of the 10,000 needed.

The CHAIRMAN. Right now there is discussion about cutting down this work of training. Within the last 5 or 6 weeks you have had \$42,000,000 restored to the Budget which had been cut out of this. That is the type of thing that is so deadly, and we cannot in this country allow ourselves to wait for emergencies. We must begin at some time to look forward a little bit, and that is what I am pleading for here.

I am not trying to judge the War Department but I am saying you will never get a real Army in the United States if the Army depends only upon soldiers.

Secretary PATTERSON. I agree with that.

The CHAIRMAN. And you will never get a decent staff for hospitals in the United States if the hospitals are going to depend only upon doctors, and you will never have any decent care of the sick if we are not able to combine the energies of the public, the doctors, and the nurses, and all of these elements that go to make up our great body politic. When we imagine we can go ahead in America by fits and starts in emergencies, we make a great mistake.

I think this is the time to say that, Judge, because we are right in the midst of fighting for the very life of one type of thing which has been started.

Senator AUSTIN. I would like to ask the Under Secretary if it is not true the War Department sought to avoid the very thing we are now suffering from more than 2 years ago when it came out strongly in favor of the Austin-Wadsworth bill, which would have indirectly brought on the supply of nurses by reason of the registration of women and their declaration of their willingness to serve where most needed?

Secretary PATTERSON. I believe that would have helped.

I might mention, although the committee may be aware of it, that our shortage of nurses became so acute in the latter part of 1944 we had to send 11 hospital units to Europe without any nurses. I myself have seen the conditions overseas, and the Surgeon General will tell you



of the conditions within the United States, with over 30,000 wounded returned from overseas a month, and he has only 1 nurse for 25 beds as against a recommended ratio of 1 to 15 beds within the United States, the best civilian standards being, as I understand it, 1 nurse to less than 15 beds.

That shows the work load and how thinly our Army Nurse Corps is spread now and how heavily overworked that Nurse Corps is. Conditions like that do not prevail in civilian hospitals and yet, overseas, they have to work under the most emergency conditions, tents in zero weather in the winter, and things of that sort, and there is no way of the sister or mother or daughter being available to pinch-hit and do work for them the way they are doing here on the home front.

Senator BURTON. Mr. Secretary, are you satisfied that under this bill you could fill your requirement of 60,000 nurses?

Secretary PATTERSON. Yes, sir.

Senator BURTON. How long would it take?

Secretary PATTERSON. I think it could be done before the last day that the Surgeon General has set for his target, May 31. As a matter of fact if this bill is passed, I doubt if you will have to resort to induction to any considerable extent. But if the bill fails it will be interpreted by a great many people that there is not any need and that Congress does not believe there is any need. Therefore in my opinion there will not be very much volunteering.

Senator GURNEY. I have one question, Mr. Chairman: Mr. Secretary, this bill does not provide for induction of nurses for service other than in the Army and Navy; is that right?

Secretary PATTERSON. That is right, land and naval forces. I do not know why they left out the air, but they mean Army and Navy, there is no doubt of that.

Senator GURNEY. Is it not a fact that many wounded and sick soldiers are being discharged from Army and Navy hospitals right into the veterans' hospitals at present?

Secretary PATTERSON. Yes, sir.

Senator GURNEY. Are we not going to have some shortage in the veterans' hospitals?

Secretary PATTERSON. General Hines claims he has, and I have no doubt he is right. But there is an exemption under this act to exclude nurses employed in the Veterans' Administration.

Senator GURNEY. In other words, you cannot induct them out of a veterans' hospital into the Army or Navy?

Secretary PATTERSON. That is right.

Senator GURNEY. The point I want to make is, What is the War Department's recommendation on the advisability of inducting nurses to serve in veterans' hospitals?

Secretary PATTERSON. I think that ought to be the subject of a separate proposal, Senator. I do not know enough about the trend in the veterans' hospitals, whether it is getting less acute or more acute. I think it is a subject for a separate measure and it should not be covered in one for the armed forces because, of course, they do not enter military service when they go into the Veterans' Administration hospitals, not in general.

Senator GURNEY. The Nation is obligated to give complete care to a soldier even after he is discharged, and for that reason we have set up the veterans' hospitals. If we are going to train hospital nurses

and put them into the Army and the Navy, the veterans' hospitals certainly are going to have a harder time securing new nurses for their facilities.

I believe, Mr. Chairman, we should have someone from the Veterans Bureau to advise us on this.

The CHAIRMAN. Is there testimony in the House hearings?

Secretary PATTERSON. I believe the Veterans' Administration has supported this bill as it stands, without their needs being included.

The CHAIRMAN. Are there any other questions?

(No response.)

Thank you, Mr. Secretary.

General Kirk, please.

### STATEMENT OF MAJ. GEN. NORMAN T. KIRK, THE SURGEON GENERAL, UNITED STATES ARMY

The CHAIRMAN. For the record, General, will you state what you wish to say about this?

General KIRK. I have a formal statement here on this bill, sir, if you care to hear it.

The CHAIRMAN. We will be glad to have it. Just be seated.

General KIRK. Thank you.

Mr. Chairman and members of the Senate Military Affairs Committee, for the record, my name is Maj. Gen. Norman T. Kirk, United States Army. I am Surgeon General of the Army. In that capacity, I am responsible for providing adequate medical and nursing care for the personnel of the United States Army.

I favor the passage of this bill, H. R. 2277, which provides for the application of selective service principles to the procurement of nurses at this time. The drafting of nurses was proposed in the President's message of January 6, and the Medical Department is supporting it heartily.

I favor this bill because we need 60,000 nurses urgently and because we cannot risk the failure to get them through voluntary recruitment. With the enactment of this bill, I know, and the soldiers in our Army will know, that they will get the nursing care necessary for the wounded and sick.

#### NEED FOR 60,000 NURSES

Let me tell you why we need 60,000 nurses. As of March 7, 1945, the number of our soldiers wounded in battle in this war reached 450,000. Since the beginning of this year over 116,000 soldiers have been wounded, or at the rate of over 1,750 each day. The chart before you, which is called Cumulative Army Casualties, and the supporting data attached to it show the total of the wounded in action from August 1944. You will note that the number of wounded soldiers has increased during that period about 400 percent.

Our Army hospitals, according to most recent data, have about 520,000 patients who are either sick or wounded. Approximately 244,000 are in hospitals in the United States, and the rest are in hospitals overseas. The total number of patients has of course been continuously increasing. If you will examine the chart labeled "Patients in Army Hospitals Since May 1, 1944" and the supporting



data, you will see that the number of patients has increased by 260,000 since May 1, 1944.

We are evacuating battle casualties and seriously sick soldiers to hospitals in this country at an ever-increasing rate. In July 1944 the number of such evacuees was about 10,500. In February 1945 it was approximately 37,700, or about 1,350 per day.

The need for increased nurses for our wounded and sick soldiers is apparent from the figures I have just given you. The American soldiers are entitled to the best medical care which we are capable of giving. The nursing personnel must be made available for them.

The Army nurse is doing one of the truly great jobs in this war. With supreme loyalty and high devotion to duty, over 90,000 American women have voluntarily applied to the Red Cross since Pearl Harbor for service as nurses with the Army and Navy. Over 10,000 nurses have been separated from the services during the war. The need for the application of the principle of Selective Service to nurses is therefore no reflection on the nurses of the country. The demands of this war are simply too great to rely upon voluntary recruitment.

At the present time Army hospitals in this country are understaffed with nurses. Over 60 percent of all Army nurses are assigned to overseas units.

The requirement of 60,000 nurses is based upon a minimum of 1 nurse to 12 beds in overseas hospitals and 1 nurse to 15 beds in the zone of interior. These requirements are necessary to provide minimum adequate nursing care. In addition, nurses are assigned to hospital trains, to training centers, technical schools, separation centers, and to dispensaries, and there are always a number who are sick, in reserve pools, or traveling to their duty stations.

In December 1944 the nurse shortage was so acute that we found it necessary to send 11 general hospitals to overseas service without nurses.

In overseas theaters a great many of the fixed hospitals have expanded their bed capacity from 50 to 100 percent over normal without additional personnel.

Many nurses have been on continuous duty for 18 hours attending the critically wounded who have been brought in. While in the Southwest Pacific I saw many nurses who had been overseas for more than 3 years. These nurses need relief.

This bill will help our wounded and sick soldiers and will also aid those gallant and noble women who have already voluntarily become Army nurses. Some sure means which is fair both to the nurses and to the armed forces, as well as to the public, is necessary to obtain more nurses.

This has already been a long and a hard war. Nobody has any expectation of obtaining an easy victory. There is hardly an American family who does not have a son or immediate relative in the armed forces who may some day require medical and nursing care. This country has an obligation to see that its wounded and sick soldiers are provided with the best care that can be given for their comfort and recovery. The importance of nursing in making sick and injured men well cannot be overestimated.

## NURSE ASSIGNMENT IN A GENERAL HOSPITAL IN THE UNITED STATES

Let me explain briefly the nursing set-up in a general hospital in the United States. Here is a chart entitled, "Army Nurse Corps in Zone of Interior Hospitals." It shows the normal assignment of 1 nurse to 15 beds in a 1,000-bed general hospital in this country. If not at present, then in the near future, 80 percent of the patients in these hospitals will be bed patients. Forty-seven nurses on day duty in wards on an 8-hour shift are able to give each patient one-half hour of professional nursing care. At night, with 7 nurses on duty, each patient can receive 6 minutes of nursing care. Surely we cannot spread our nursing service any thinner.

## INADEQUACY OF VOLUNTARY RECRUITMENT

The issue now is whether we are to meet these needs by voluntary recruitment or under the amendment to the Selective Service Act which is embodied in H. R. 2277. I give it as my carefully considered judgment that the passage of the bill is absolutely necessary. Recruitment methods have been aggressively tried but will not produce the required number of nurses in time to meet our pressing needs. The American Red Cross has more than 350 recruitment committees throughout the United States. The Recruitment Publicity Bureau of The Adjutant General's Office has had many national agencies working on the procurement program. The American Legion, the Girl Scouts, and several private advertising and publicity agencies have been contributing their efforts toward this campaign. Some 818 radio stations throughout the Nation have been carrying transcriptions on Army nurse recruitment. In addition, newspapers, periodicals, and posters have been utilized.

The results of this intensive and vigorous program for voluntary recruitment are shown on the chart bearing the legend, "Actual and required number of nurses, Army Nurse Corps, 1944-45." It took us many months to reach the 40,000-nurse ceiling which existed until the end of April 1944. In the 8 months from April 1944 to January 1945 some 27,000 new nurses graduated from nursing schools. Nevertheless, in the same period, the strength of the Army Nurse Corps increased by only 2,584, or a net gain of only 323 a month..

In September 1944, 27,000 letters were mailed over the signature of the superintendent of the Army Nurse Corps to prospective nurse appointees, who were classified 1-A by the War Manpower Commission. Only 710 replies to those letters were received, and approximately 200 applications resulted in appointments in the Army Nurse Corps.

The President's message to the Congress on January 6, 1945, greatly stimulated applications by nurses for service in the armed forces. Unfortunately, however, the number of these applications promptly and sharply declined and is now approaching the trend which existed during 1944. The chart headed "Applications for Army and Navy Nurse Corps Received Weekly by American Red Cross Committees Since January 6, 1945," and the supporting data show how rapidly the applications have been declining. Within 4 weeks after the President spoke, applications fell from 5,115 per week to 1,130. In the 2 weeks in March they averaged 733 per week.



In the other chart, which is called Applications for Army Nurse Corps received since January 1, 1944, by American Red Cross at national headquarters, you can see how the present trend is now approaching our experience in 1944. In the first week of January 1944 there were 453 such applications for the Army Nurse Corps. In the week just ended, on March 10, 1945, there were 471 such applications. The effect of the President's appeal has apparently been spent.

#### NEED FOR DRAFT OF NURSES

Compare for a moment the relative increase in the number of patients in Army hospitals and the number of nurses in the Army. It is shown by the chart entitled "Percentage Increase in Patients and Army Nurse Corps Since May 1, 1944." At that time the Nurse Corps had just about reached its ceiling as it then existed. You will see that the patient load increased about 100 percent whereas the number of nurses increased about 17 percent. In my opinion, this comparison proves conclusively how completely voluntary recruitment has failed to meet our needs despite the most intensive and aggressive campaign on a Nation-wide scale.

Since the beginning of this year and under the stimulus of the President's message and intensified recruitment efforts, we have succeeded in increasing the strength of the Army Nurse Corps from 42,255 at the end of 1944 to an estimated 47,500—a net increase of approximately 5,250. Both the Army and the Red Cross have expedited their procedures for handling applications. After a careful study of the backlog of applications now being processed by the Army and by the Red Cross and making our best estimate of further voluntary recruitment until June 1, 1945, it is our judgment that we will be about 9,000 short of our need of 60,000 nurses at that time.

If the proposal for selective service of nurses, which has had a good deal of publicity, is now rejected, it is recognized that voluntary recruitment will be much less effective than it was before the President's message. The psychological factor involved is that the draft proposal is to meet an emergency, and if it is rejected the normal assumption on the part of nurses will be that the emergency does not in fact exist and that they are not badly needed. This would play havoc with the voluntary recruitment program, which, even without this handicap, has failed to bring forth sufficient volunteers during the last year. Obviously then, if this legislation is not quickly passed, we are going to fail our stricken combat soldiers.

#### NECESSITY OF PROMPT ACTION

Speed is the essence of the problem. Our wounded and sick cannot afford the luxury of "too little and too late." It is right now that intensive fighting is going on in the European and in the Pacific theaters. Each day large numbers of American soldiers are being wounded and become ill. Each day our hospitals overseas and at home are becoming more crowded. Each day more American soldiers require the care of nurses. The need is real and the need is now.

The CHAIRMAN. General, the quotas have always been met up to 1944, have they not?

General KIRK. It took us some time to reach the 40,000 ceiling set as of April. We have always had a shortage. The ceiling was set at 40,000 and we reached it in April.

The CHAIRMAN. Is this statement correct:

Although the quotas were met during 1944, volunteer recruitment was seriously hampered by the fact that between November 1943 and 1944 the quotas were first raised and then sharply lowered and then raised again.

General KIRK. There was some confusion during that period as to what the quota was, but we never reached the 40,000 ceiling until April 1944.

Senator O'MAHONEY. Why do you refer to it as a ceiling, General?

General KIRK. There is a ceiling on everything in the Army. There have been so many men made available to the War Department to fight the war, and then someone in the War Department has to determine how many men will be assigned to Infantry, how many to Artillery, how many to other branches and how many nurses will be made available to take care of the sick.

Senator O'MAHONEY. Am I to understand, it was estimated at one time that only 40,000 nurses would be needed?

General KIRK. That was the ceiling set by the War Department.

Senator O'MAHONEY. When?

General KIRK. I cannot give you the date, but it was effectual through 1944.

Secretary PATTERSON. The date Senator Thomas mentioned, from November 1943 to April 1944. Your dates are correct, Senator Thomas.

Senator O'MAHONEY. It was the conclusion of the War Department that as of that time 40,000 nurses would be sufficient?

General KIRK. Yes, sir.

Senator O'MAHONEY. When was that judgment changed?

General KIRK. At the end of the same month of April, or the first of May.

Senator O'MAHONEY. Did the Surgeon General's Department concur in the judgment?

General KIRK. The 50,000 or the 40,000?

Senator O'MAHONEY. The 40,000.

General KIRK. It did not concur.

Senator O'MAHONEY. You were always asking for more?

General KIRK. Yes, sir.

Senator HILL. Who set the ceiling, General?

General KIRK. It is set by the War Department, by the General Staff.

Senator GURNEY. Did all of the 710 who replied to those letters state they would volunteer for service?

General KIRK. No; I think they were just letters answering the inquiries, but I cannot answer that definitely.

Senator GURNEY. The question in my mind is, Did clinical requirements and other requirements make it impossible for you to accept more than 200 out of 710?

General KIRK. No, sir. I am sure of that because the statistics on those rejected for physical and other reasons are in no such proportion.



The CHAIRMAN. General, why should applications decline? The Nurse Corps has always been an attractive institution and your Army nurses, compared with nurses in other fields, are probably a very select group, meaning better taken care of than any other group. There must be reasons for a decline under those circumstances. Are the standards such it does not pay to make application, or are the demands such that there are better places and easier places? Are nurses so much in demand that, like our common laborer, they can get much better jobs now?

General KIRK. I am sure they can.

The CHAIRMAN. Then we are back again to the theory I have been trying to work out, namely, that you cannot make a nurse by fiat and you cannot draft a nurse who has not been trained; you just cannot make them out of women or men.

General KIRK. No, sir.

The CHAIRMAN. Now there must be something the matter and if we can find what is the matter we can probably correct it in a decent way, because, just drafting these people will not help the situation; it will not make more nurses; it will make for more nurses in one place but make a want of nurses in other places. Are there enough idle nurses in the country you can get hold of for the Army requirements?

General KIRK. We believe there are enough for both Army and civilian requirements if they are properly distributed. We feel we have to get these nurses for the men who are fighting our battles. I cannot decide who has preference, the men who are fighting or the civilians at home. I cannot make that decision. We believe we should raise all we can by voluntary recruitment, but we never could raise an army that way. We do not believe we can raise enough nurses to do the job without selective service.

Applications are falling off again. It stimulated nurses when they saw there was a need. We have gotten those nurses to apply who saw the need and they took that instead of something they wanted to have at home, but there is another group we are not going to be able to get by that means, as we see it, to meet what we believe the men who are fighting this war for us deserve.

The CHAIRMAN. Has there ever been a complete registration of nurses throughout the country?

General KIRK. There is a general estimate and some registration. We believe selective service will give us the only effectual registration we have ever had on nurses and let us know where they are.

The CHAIRMAN. You expect to find a greater number than now estimated?

General KIRK. It may be.

The CHAIRMAN. When we registered for the draft, we got over 2,000,000 more names than anyone estimated we could get. So selective service is justified on that one score alone. The drafting of nurses may be justified by getting a decent registration. I believe in registration and in finding the fundamental facts, but even if we had a general and complete registration act, I repeat again we cannot create a nurse by fiat.

General KIRK. No, sir.

The CHAIRMAN. There is our problem.

General KIRK. Yes, sir.

Senator AUSTIN. Mr. Chairman, I would like to ask a question.

General, do we not get back to the fundamental question with which we have been dealing for 2 years and dodging all of that time, namely, that you cannot establish by direction of manpower the proper balance between noncombat and combat duty, excepting by some law that authorizes the selection and direction?

General KIRK. That is correct, sir.

Senator HILL. Have you finished, Senator Austin?

Senator AUSTIN. Yes.

Senator HILL. General, let me ask you this: Have you any nurses in the WAC's or WAVES?

General KIRK. Any nurses in the WAC's have been transferred to the Nurse Corps and commissioned. That was under a directive from the War Department.

Senator HILL. Where you have a nurse who was a WAC, that WAC has been transferred to the Nurse Corps?

General KIRK. That was a directive to be accomplished.

Senator AUSTIN. How can this balance ever be arrived at if we leave it wholly to the will of individuals who will take into consideration their own personal benefit and ease and remuneration and prospects? Can we do it otherwise than by legislative direction?

General KIRK. Personally, I do not think it can be done, sir.

Senator HILL. They not only take into consideration their own personal factors, as Senator Austin has suggested, but also this psychological effect, to wit, they feel if the Government really needs them and there is a compulsion for it, the Government will pass some form of selective service; is that not true?

General KIRK. It did to get the men to fight the war, sir. I might say I think the thing that has saved the whole nursing situation was the Bolton bill that made funds available to set up the Cadet Nurse Corps. That will start to pay off next year.

The CHAIRMAN. I am glad to hear you say that because that is fundamental in the whole question.

General KIRK. It is, sir. You have to have nurses before you can make them available.

Senator O'MAHONEY. Are you satisfied with the operation of the Nurse Cadet Corps?

General KIRK. It concerns me only second-handedly, sir. I am not directing it, but I think they have done a splendid job and it is a beautiful set-up.

Senator O'MAHONEY. Is it producing as many nurses as anticipated?

General KIRK. I believe it is.

Senator O'MAHONEY. You have no suggestions to make in respect to that?

General KIRK. None whatever. I think it is beautifully handled, just as the Public Health Service; just so it continues.

Senator O'MAHONEY. Mr. Chairman, I wonder if I might ask the general whether he has any amendments to suggest to the bill as it passed the House?

General KIRK. No, sir; we will take the judgment of the House as to what they believe we need to meet our needs, and we will accept your judgment likewise, on the evidence we have presented.

Senator GURNEY. General, right there, if I may interrupt, we are going to select those to come into Army and Navy service and we are



going to cut down the number of nurses who will be at home. Now you are going to discharge a lot of soldiers to go into veterans' hospitals, and you are going to increase the load on those who would like to leave home or could leave home. The Veterans' Administration is going to find it harder to get nurses. Is that not a fact?

General KIRK. I presume it will, except there is one group on Civil Service; there will be available to them those women who are separated from the military service because of physical disability.

Senator GURNEY. Going back to the point where you said you had already discharged 10,000 nurses——

General KIRK. We discharge 250 to 300 as a monthly average. It fluctuates, and as we increase our corps, that number will also increase.

Senator GURNEY. We certainly are going to have nurses for the soldiers even after they are discharged?

General KIRK. Yes.

Senator GURNEY. Would your recommendation be that this committee consider all of the quotas needed, not only for the Army and Navy but also the veterans' hospitals, right at this time?

General KIRK. I think it should, but I think you should hear General Hines as to his requirements rather than me. My job is to take care of the Army, and I am having difficulty in doing that.

Senator O'MAHONEY. Is the rate of separation greater or less than expected?

General KIRK. That is difficult to answer. Some of these women are separated because of physical disability. We have been accepting married women. Nurses get married after they are in service and sometimes as a result of that marriage leave we have to separate them from the service because they have dependents they have to care for who are under 14 years of age.

Senator O'MAHONEY. My question was designed to find the fact as to whether or not the rate of separation was greater than anticipated by reason of the arduous nature of the duties.

General KIRK. I do not know that we have any yardstick to go by. We have never had the Nurse Corps this size. In peacetime it runs from a thousand to 1,200 nurses. That has to be gained by experience; otherwise it is a guess. I saw nurses in New Guinea who had been there for 3 years. I think that is pretty long for any woman to live under those conditions, where the heat is intense and they cannot have the things they are accustomed to having, and I think we ought to bring them home before they crack up. I am sure the things that apply to soldiers—how disabilities increase according to lack of service—should apply to women, but I think the women have taken it better than the men, a good deal better.

Senator REVERCOMB. General, what length of time elapses under the voluntary system between the date of the application and the time the nurse is accepted into the corps; what is the usual length of time?

General KIRK. Three months ago it was too long. Right now, if I had to give an estimate, I would say 10 days, except for that group of nurses where there is some question as to whether they can be certified by the Red Cross as to their qualifications as nurses. In one service command at the present time, if a nurse comes in and applies for service she is immediately sent for physical examination. The local Red

Cross chapter is called and states whether or not she meets the requirements. It is not referred to the Central Red Cross in Washington. If they clear her as having met the necessary requirements and, she is found physically fit, when she returns to the office she signs on the dotted line and is then in the Army if she so qualifies. I do not say it is that good in every service command, but we have had officers from our office check every service command to see there is no backlog in any service command. They are examined and commissioned in the nine service commands and not in Washington.

Senator REVERCOMB. Would you rather have nurses procured through voluntary enlistment than through the draft?

General KIRK. My object is to get the nurses.

Senator REVERCOMB. My first question was prompted by a letter I received under date of March 12 from a very respected and patriotic citizen of my State who is interested in this subject. He is not a doctor. I received first a wire in which he said he would like for me to ascertain why such a length of time elapsed between the date of volunteering by nurses and the time they were taken into the Nurse Corps. I asked him to give me any facts he had on which to base my inquiry, and I received this letter of March 12, Mr. Chairman, which I would like to read:

My wire was prompted by the fact that six or seven nurses attached to the Bluefield Sanitarium volunteered their services when the acute need for nurses was made known. Six at the least and in most cases seven weeks elapsed before any of these nurses received word that they might apply to the Ashford General Hospital for physical examinations; one has yet to receive formal notification. While in Wheeling last week I heard of a nurse who had been attached to North Wheeling Hospital and who passed her physical in November or December but who until last week had not yet been called to duty. I do not have her name but in case you want it I can easily enough obtain it. This delay may not by the authorities be regarded as out of the ordinary but in my humble opinion, Senator, since nurses are so badly needed there should be no delay in accepting those who volunteer.

My interest in this question results from the fact that I have the highest regard for those following the nursing profession and I feel that all this advertising or propaganda about the lack of volunteers is a reflection upon the patriotism of these Americans and upon their devotion to their calling. As they perform their duties at the sanitarium they are being asked by those who listen to the radio: "Why, have you not volunteered?" and when they reply: "We have volunteered but have not been called," their answer is received with an incredulous shrug of the shoulders.

I call that to your attention because I am impressed with this statement, General.

General KIRK. I do not question it is correct, sir; and I deplore the fact it may be. I would like very much to have the name so I can investigate and find out why.

Senator REVERCOMB. I will be glad to give it to you.

General KIRK. There are certain lags that happen because a nurse sometimes wants to delay her service for a period of time. On the total over-all I am sure there are errors made and some people do not get the job done promptly. Considering the size of this Army of ours, as much as it has grown, I am surprised they do as well as they do. Since the first of the year, 10,852 applications have been sent to the Army, and there are now 5,910 of those nurses on duty, physically examined and commissioned in service. There are 4,600 applications in process of clearance by the Red Cross. They have had their physical examinations and hope to be commissioned, and included in that



group are those who do not want to come in immediately, but at some date they have set. Some 30 percent project their time of coming into the service up to 60 days.

Senator REVERCOMB. It would seem to me, General, you would much prefer a volunteer nurse than one compelled by order to enter the service.

General KIRK. That was thought about the soldiers, that a selective-service man would not be as good as a volunteer.

Senator REVERCOMB. Do you believe that would apply to the nurses as well?

General KIRK. We are all human and come from the same stock.

Senator REVERCOMB. You want the nurses, whether drafted or volunteer?

General KIRK. We want them to take care of the soldiers shot, sick, and wounded.

Senator REVERCOMB. Would you close the door to volunteering even if the draft was passed?

General KIRK. No, sir; we will take all we can by volunteering and hope no one is drafted.

Senator GURNEY. How attractive is a nursing job in the Army? Would you explain the rate of promotion and whether or not the rate in the Army Nurse Corps is as rapid as in the Navy, or if you dovetail the policy of promotion?

General KIRK. I do not know what the rate of promotion in the Navy is, or the grades. We have certain T. O.'s tables of grades in all that go overseas. In other words, for the chief nurse in a hospital of a hundred or more, it is put down whether she will be a captain or a major.

Senator GURNEY. Does that 18 months overseas' duty apply to nurses, where they are promoted from second lieutenant to first lieutenant?

General KIRK. Yes.

Senator GURNEY. It has changed things?

General KIRK. Yes. That is regardless of T. O. That improved promotions in the Nurse Corps very much. I had seen very many nurses in the Southwest Pacific who had been there for 3 years and who were still second lieutenants, and I did not hesitate to try to get them promoted at once. I saw most of the hospitals there.

Senator GURNEY. That is the only blanket promotion you have had in the last 3 years, is it not?

General KIRK. That is correct.

Senator GURNEY. Are we going along now and wait until we see a similar condition 18 or 20 months from now, or are we going to step up the rate of promotions for nurses and state how high they can expect to go in rank?

General KIRK. I would like to step that up, Senator. That is done by the War Department.

Senator GURNEY. Do you think there is a need for inducement to get them to volunteer?

General KIRK. I do not think the question of grade has anything to do with volunteering. I do not think the average nurse understands grades in the service, and I know 80 percent of the civilian group do not.

Senator GURNEY. You do not believe the fact they would be commissioned as second lieutenants and not as first lieutenants would hurt in the volunteering?

General KIRK. You mean if they came in as first lieutenants instead of second lieutenants we would get more?

Senator GURNEY. The nurse with 10 years' experience may be better than one who has just graduated; at least she would have some reason to feel that way.

General KIRK. There are so many factors. The girl with 10 years' service is going to be better than the one with 1 year's service, and she will be picked for a leader and put on jobs she is competent to do.

Senator MAYBANK. I would like to ask if you have any idea of the approximate proportion of the number of volunteers who were rejected. Of some 10,000, some 4,000 were still to go through examinations, and so on. I wonder what that proportion is.

General KIRK. We have a study on that. May I read this?

Senator MAYBANK. Yes, sir.

General KIRK. As of March 10 the Army had 915 completed applications; that is, physically fit and approved by the Red Cross, and all we needed was the nurse's signature to put her on duty.

Senator MAYBANK. What I mean is how many were rejected before they reached that point; how many were eliminated because of physical or mental reasons or because of not graduating from a recognized hospital or because of age?

General KIRK. I have the figures here, sir. We get actually to duty about 58 percent of those who apply. Five percent are disqualified professionally; 20 percent are physically disqualified; 17 percent fail to accept the appointment after they have met all of the requirements and have put in their application. That is our experience up until now.

Senator MAYBANK. Seventeen percent failed to accept?

General KIRK. Before the President's message, those who failed to accept their commission when it was tendered was 7 percent; now it is 17.

Senator MAYBANK. How do you account for that, General?

General KIRK. The woman changed her mind, sir.

Senator MAYBANK. I can understand that, that is common sense, but I wonder what caused her to change her mind. Would it be perhaps she might get a better job or because she had been promoted in the local hospital?

General KIRK. I would be going into theory on that, sir.

Senator MAYBANK. It seems to me a large proportion of people who take examinations to have 17 percent fail to take commissions. You say 17 percent of them did not?

General KIRK. That is right. That is one trouble with voluntary recruitment.

Senator REVERCOMB. Let me ask you this question, sir: The bill, as you advocate it, applies only to the group of registered nurses?

General KIRK. Yes, sir.

Senator REVERCOMB. Was there any provision for one usually classed as a practical nurse?

General KIRK. We are using nurses' aides.

Senator REVERCOMB. Sir?



General KIRK. We are using people as nurse aides on a civilian status to supplement our nursing service.

Senator REVERCOMB. Is that the practical nurse, one who has had practical experience for going into your work?

General KIRK. If she will come in as nurse's aide, we have general authority to hire under civil service if she will accept the pay, which amounts to \$1,450 or \$1,570 a year. It amounts to about \$75 a month after she gets her board and lodging.

Senator REVERCOMB. Do you furnish the board and lodging for that employee?

General KIRK. Yes.

Senator REVERCOMB. Do you have any of those people in hospitals abroad?

General KIRK. Only at home.

Senator REVERCOMB. Only in this country?

General KIRK. Except they are in the Philippines now. They are getting what nurses they can that are graduate nurses in the Philippines and are training Filipino girls as nurse aides there. That is going on there to take care of the civilian group who will have to be taken care of. It is in the lap of the Army and the Navy now.

Senator REVERCOMB. For information, I ask you could not the so-called practical nurse serve a good purpose in a hospital abroad; would they be helpful?

General KIRK. I think we can use all we have here, sir. It would complicate things overseas.

Senator REVERCOMB. What would the complications be?

General KIRK. We could better get along without nurses here and give them to the people over there.

Senator REVERCOMB. Is the complication between the registered nurse and the practical nurse?

General KIRK. No; it is an administrative problem and has nothing to do with that.

Senator REVERCOMB. How is that?

General KIRK. It is an administrative problem and not a question of conflict, as I see it, between the registered nurse and the practical nurse.

Senator O'MAHONEY. General, do you have a statement showing the number of nurses in each separate grade?

General KIRK. No, sir, I do not. Maybe I can get it.

Senator O'MAHONEY. I wonder if you could do that, please, and then have a table made up showing the comparison between the compensation of the nurses in the Army with the compensation of the nurses in the Veterans' Administration.

(The information requested was subsequently furnished in a letter, as follows:)

WAR DEPARTMENT, SERVICES OF SUPPLY,  
OFFICE OF THE SURGEON GENERAL,  
Washington, March 21, 1945.

HON. ELBERT D. THOMAS,  
*Chairman, Committee on Military Affairs,  
United States Senate, Washington, D. C.*

DEAR SENATOR THOMAS: At the hearing before your committee on March 19, request was made that we furnish you with a statement of the number of nurses in each grade in the Army Nurse Corps, and a comparison between the compensation paid to nurses in the Army and those in the Veterans' Administration.

As of January 31, 1945, the Army Nurse Corps consisted of the following personnel:

Colonel.....	1	First lieutenant.....	10,794
Lieutenant colonel.....	60	Second lieutenant.....	30,810
Major.....	179		
Captain.....	1,074	Total.....	42,914

Since that date there have of course been a substantial number of promotions and additions, but the figure for January 31, is the last one which has been published by The Adjutant General of the Army. Recently there have been a large number of promotions. In the period February 3–March 16, 1945, there were 4,291 promotions.

The pay and allowances (rental and subsistence) of Army nurses are as follows:

Grade	Salary	Rental	Subsistence
Second lieutenant.....	\$150.00	\$45	\$21
First lieutenant.....	166.67	60	21
Captain.....	200.00	75	21
Major.....	250.00	90	21
Lieutenant colonel.....	291.67	105	21
Colonel.....	333.33	105	21

Nurses in Veterans' Administration facilities are civil-service employees and begin with a classification of SP-5, which carries an annual salary of \$1,800, and as a wartime measure they are being paid \$2,190 for a 48-hour week. Every 18 months the nurses receive a promotion of \$60, until they reach a total salary of \$1,980 plus overtime. Then if the efficiency rating is "Excellent" they receive a salary of \$2,160 plus overtime. The position of head nurse is classified as SP-6 with a salary range of \$2,000 to \$2,600, or SP-7 with a salary range of \$2,300 to \$2,900, or SP-8 with a salary range of \$2,600 to \$3,200, depending upon the responsibility of the assignment. These classifications are reached in a period approximately 10½ years. The total number in each classification at the present time are: SP-5, 4,457; SP-6, 440; SP-7, 90; SP-8, 20.

In considering the relative compensation of Army nurses and Veterans' Administration nurses, it should be borne in mind that Army nurses do not pay Federal income tax on the money received as rental and subsistence allowances and, like all other military personnel, are entitled to an additional deduction of \$1,500 for income-tax purposes. It should also be noted that Veterans' Administration nurses, like all civil-service employees, contribute 5 percent of their income for retirement purposes, whereas there is no similar obligation on Army nurses. In addition, an Army nurse has the privileges granted under the G. I. bill of rights, including veterans' preference.

Sincerely yours,

GEORGE F. LULL,  
Major General, United States Army,  
Deputy Surgeon General.

General KIRK. May I make this statement before—

Senator O'MAHONEY. Surely.

General KIRK. Since World War I until our nurses were given a commission by the kindness of this body, the Veterans' Bureau nurse received more pay as a civilian employee than did the Army nurse. Now, at the present time, when the Army nurse is commissioned, it tops her in her pay rate over the veterans' nurse. So, to level that off, legislation or something is necessary to increase that particular grade in civil service, to increase the pay of the civilian nurse that the Veterans' Bureau hires.

Senator O'MAHONEY. I wonder if you would be good enough to look into this problem and make whatever suggestions you may care to make to the committee as to whether or not it would be desirable to amend this bill in such form as to up the grade of every nurse now in the Nursing Corps, a blanket increase all of the way up



the line of grade compensation. Everyone has testified as to the wonderful service the nurses have been giving and the great sacrifices they have made and the arduous character of their work. Is there any objection to our making formal recognition of that work in this bill, and how can that recognition best be given? I should like to have the recommendation of the War Department on that score.

General KIRK. Yes, sir. That will have to come from the War Department and not from me.

Senator O'MAHONEY. Secretary Patterson is here and listening.

Senator REVERCOMB. Why would it not be feasible and workable, General, to have a special corps for the practical nurses so you might use them where you want them?

General KIRK. You mean to draft the practical nurses?

Senator REVERCOMB. Yes.

General KIRK. Is there any standard, sir, on which you can tell who is a practical nurse? Is there any standard so we would know she had proper training as a practical nurse?

Senator REVERCOMB. No; that is a matter you would have to determine.

General KIRK. I do not believe there is any standard on which we could do that, except to examine each individual. We have a standard by State law as to who a registered nurse is, but I do not think there is any standard whatever on a practical nurse whereby we could determine her qualifications to meet a standard we normally would have to have if we are going to use her to take care of wounded soldiers.

Senator O'MAHONEY. Mr. Chairman, before the session ends, I would like to amplify what I have said in questions to General Kirk, and I think Senator Maybank agrees. It is our feeling that a minimum grade for an Army nurse should be first lieutenant, at least. Of course, those who are brought in now should not be brought in in any preferential status, but I do feel that much of the problem would be solved if proper recognition were given by way of grade and salary to the nurses who have rendered outstanding services in the whole corps.

Senator MAYBANK. Let me add in connection with your statement, General, about these nurses in the Southwest Pacific having been there for 3 years and still being second lieutenants, it does seem to me, considering the wonderful work they are doing, they should have had more recognition. I am not criticizing, and I want to commend you for having recommended them for promotion by their commanding officer.

General KIRK. I made a fuss about it; all I knew how.

Senator MAYBANK. I have no criticism of you, General, but where a nurse stays for 3 years in the Pacific, with the climatic conditions and all of the inconveniences they are subjected to out there and still be a second lieutenant, that does not make sense.

Senator O'MAHONEY. Let me suggest, General, if you make a fuss with us you will no doubt get more attention.

The CHAIRMAN. We will adjourn until 10 o'clock Wednesday morning.

(Whereupon at 12:25 p. m. the committee recessed until Wednesday, March 21, 1945, at 10 a. m.)

## NURSES FOR THE ARMED FORCES

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WEDNESDAY, MARCH 21, 1945

UNITED STATES SENATE,  
COMMITTEE ON MILITARY AFFAIRS,  
*Washington, D. C.*

The committee met, pursuant to adjournment, at 10 a. m. in room 424 Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas of Utah, Kilgore, O'Mahoney, Austin, and Gurney.

Also present: Representative Frances P. Bolton, of Ohio.

The CHAIRMAN. Admiral, for the record, will you state your name and whatever other information you want to have appear?

**STATEMENT OF REAR ADMIRAL W. J. C. AGNEW, MEDICAL CORPS,  
UNITED STATES NAVY, ASSISTANT TO CHIEF OF BUREAU OF  
MEDICINE AND SURGERY**

Admiral AGNEW. My name is William J. C. Agnew, rear admiral, Assistant to the Chief of the Bureau of Medicine and Surgery, Navy Department.

I have a short statement, Senator.

The CHAIRMAN. Just go right ahead, Admiral.

Admiral AGNEW. I have previously testified before the Committee on Military Affairs of the House of Representatives on a bill to insure adequate nursing care for the armed forces. That was on February 7, 1945, and the situation with respect to the Navy has undergone no material change since that date. My testimony, therefore, is essentially the same as that which was previously given, and I must again preface my remarks with the statement that, as the Navy Department has not yet submitted comment on the bill, my comments thereon are as a representative of the Bureau of Medicine and Surgery only.

The Medical Department of the Navy has not experienced and does not anticipate the acute difficulties in the procurement of nurses which confront the Army, but the overall need of the military services for additional nurses is appreciated and for that reason the Bureau of Medicine and Surgery is in favor of the purpose of this proposed legislation.

The requirements of the Navy Nurse Corps are, roughly, 3 nurses for each 1,000 of total Navy and Marine Corps personnel. Estimated on this and certain other factors, the quota for the Navy Nurse Corps has been determined as 11,500 as of June 30, 1945. At the present time there are 9,580 nurses on active duty. We have in the Bureau 3,000 applications for appointment, of which number 600 have been



approved and will result in the issuance of commissions to 600 additional nurses, making a total strength of approximately 10,180.

The CHAIRMAN. You say you have 6,000 applications now in the Bureau?

Admiral AGNEW. We have 3,000, sir.

The CHAIRMAN. 3,000?

Admiral AGNEW. Yes.

The CHAIRMAN. How long have they been there, Admiral; how long have they been pending?

Admiral AGNEW. After the President's appeal in January, we received 2,886 during the month of February. The total in the month of March is not determined because now our applications go through the Procurement Office of the Navy.

The CHAIRMAN. Up to now the applications have been running in a normal way; about how many a month do you get under ordinary circumstances?

Admiral AGNEW. In October 1944 we had 264; in November, 380; December, 385; January, 855; February, 2,886.

The CHAIRMAN. You were taking care of your needs right along, up until the first of the year, on those applications, were you?

Admiral AGNEW. Yes, sir.

The CHAIRMAN. What have you done in the way of change in regulations that has made it possible for you to take more nurses? I think I have read something about that.

Admiral AGNEW. We have a ceiling established for all personnel in the Navy, which is established by the Navy Department, the Operations Department of the Navy. Our ceiling for nurses was established at 11,000. We anticipated, in view of the increased casualties we have had in the Marine Corps fighting in Iwo Jima, that we would need additional nurses. So we asked the Operations Department of the Navy to increase our ceiling to 11,500. We anticipate that will be done.

The CHAIRMAN. What about the nurses that get married; have you changed that regulation?

Admiral AGNEW. Formerly, if a nurse married, her resignation was accepted. On January 10 that regulation was changed and now the resignation of a nurse is not accepted because she marries. It is accepted for cause as, for instance, if she becomes pregnant, her resignation is then accepted.

The CHAIRMAN. The change in that regulation was due to the agitation for this bill, was it?

Admiral AGNEW. No, sir. We had an attrition of nurses, Mr. Chairman, of approximately 100 a month by reason of marriage.

The CHAIRMAN. Do you think the Navy would have reformed without this bill?

Admiral AGNEW. Well, at the time—our superintendent of nurses, Captain Dauser, is here—at the time that change was made we needed about 2,000 nurses.

Captain DAUSER. Yes; we were running short on our monthly allowance.

The CHAIRMAN. What about the other changes in regulations; what about the colored nurses; is there any racial discrimination?

Admiral AGNEW. We have no racial discrimination in the Nurse Corps. We have one colored nurse appointed and several applications are now pending.

The CHAIRMAN. Are you taking them?

Admiral AGNEW. Yes, sir.

The CHAIRMAN. What about your institution in Hawaii; do you use Japanese nurses there?

Admiral AGNEW. No, sir.

The CHAIRMAN. Not in Hawaii?

Admiral AGNEW. No, sir.

The CHAIRMAN. Anywhere?

Admiral AGNEW. No, sir.

The CHAIRMAN. Do you use Chinese nurses?

Admiral AGNEW. Yes, sir; we have one nurse of Chinese descent.

The CHAIRMAN. If this bill passes as it is worded now, as it comes over from the House, then what about it?

Admiral AGNEW. We are hoping, Mr. Chairman, that the voluntary clause will be continued in this law when it is passed and we anticipate we will have no difficulty in meeting our requirements.

The CHAIRMAN. That is, you expect to operate on the voluntary basis and therefore ignore the theory laid down in the law in regard to races and the other provisions?

Admiral AGNEW. We would not ignore it, Mr. Senator. If we could not through the voluntary method obtain our monthly allowance—which, after we reach 11,500 by July we anticipate will be approximately 100 a month, we would accept nurses from Selective Service—I mean under this law, if it were enacted.

The CHAIRMAN. Without regard to nationality?

Admiral AGNEW. That is right.

The CHAIRMAN. That is, nationality in the sense of their being Americans?

Admiral AGNEW. Yes.

The CHAIRMAN. You have never had a ban against German girls who were born of German parents?

Admiral AGNEW. Not as long as they were American citizens.

The CHAIRMAN. Of course, the Japanese born in the United States are American citizens, too; are they not?

Admiral AGNEW. We have never had an application from the Japanese.

The CHAIRMAN. The Japanese have not applied?

Admiral AGNEW. No.

The CHAIRMAN. Why have they not? Practically all the nursing in Hawaii is done by Japanese nurses, is it not, civilian nurses?

Captain DAUSER. The nursing field is very limited in Honolulu. They are short on civilian nurses.

The CHAIRMAN. With a population of three-fourths of one nationality, it seems to me they must be.

Captain DAUSER. That is probably why we have not had any applicants, because they have been so much in demand in Honolulu.

The CHAIRMAN. Were there any other changes in regulations to make it easier to get nurses?

Admiral AGNEW. The Secretary of the Navy has recently accepted for reappointment in the Nurse Corps of the Navy Reserve all nurses who during the last year, the calendar year 1944, resigned because of marriage.

The CHAIRMAN. That is, the girls can go back if they wish?

Admiral AGNEW. Yes, sir.



The CHAIRMAN. Let us get that down very specifically because of the cases we know about. Here is a girl who received nurse training and did regular civilian nursing for a couple of years and then got a commission in the Navy. She had done about 10 or 12 months' work in the Navy and about 5 months ago she had to resign because she got married. Now, you will take her back?

Admiral AGNEW. Yes, sir; provided she does not have a dependent child or children. If she does, we would still take her back if she has made adequate provision to care for them.

The CHAIRMAN. The dependency is a different thing. The ban was on marriage at the beginning.

Admiral AGNEW. Yes, sir.

The CHAIRMAN. Now it is on dependency?

Admiral AGNEW. We had 1,300 of those nurses last year whose resignations were accepted because of marriage. We have already had 14 of them reappointed.

The CHAIRMAN. Well, if the Navy kept this ban against married nurses as late as 2 or 3 months ago, they did not anticipate a shortage of nurses then; did they?

Admiral AGNEW. We have never anticipated a shortage of nurses for the Navy, Mr. Senator. We want to support this bill because we appreciate the Army's need for nurses. What we intend to do with the applications we now have, as soon as we fill up the existing billets in the Nurse Corps of the Navy, is to notify each applicant that the Navy quota is filled and advise them about the Army and send a copy of that letter to the Nurse Corps of the Army.

The CHAIRMAN. According to your testimony, you still have a couple of thousand applicants you have not gone over?

Admiral AGNEW. Those are being screened now, sir.

The CHAIRMAN. What about male nurses?

Admiral AGNEW. We have in the Hospital Corps 125,763 members, and of that number we have 250 male nurses.

The CHAIRMAN. Are they commissioned?

Admiral AGNEW. Of that 250, 21 are now commissioned. Any member of the Hospital Corps of the Navy may be promoted up to chief warrant or commission grade, and 10 percent of the male nurses now hold commissions in the Hospital Corps. They are not functioning as nurses when they hold commissions in the Hospital Corps.

The CHAIRMAN. They cease to be nurses and go into administration, or something of that kind?

Admiral AGNEW. Yes, sir.

The CHAIRMAN. Is the Navy regulation and Navy custom so bound that if these male nurses are commissioned you are going to cease to use them as nurses?

Admiral AGNEW. We have no billet for a male nurse, as such. An officer male nurse, we do not have. Of our 125,000 hospital corpsmen, 2,969 are commissioned officers in the Hospital Corps and they do mainly administrative work, and any member of the Hospital Corps, of which these male nurses are members, can be promoted if he meets the qualifications.

The CHAIRMAN. Now, definitely, from your testimony, as far as the Navy is concerned, the draft is not necessary because of scarcity of available nurses?

Admiral AGNEW. Not for us, no, sir; not for the Navy.

The CHAIRMAN. If you have over 2,000 applicants and if you are using the available males and if you have not changed fully your regulations about marriage, and there are available some of another color or race that can qualify in every way and satisfy the regulations, not having invited them, you cannot blame any need for elevating your ceiling to lack of available nurses?

Admiral AGNEW. No, sir; we have no regulation which discriminates against race or creed, Mr. Chairman. We require citizenship.

The CHAIRMAN. All Negroes would be citizens, I take it.

Admiral AGNEW. Yes, sir.

The CHAIRMAN. And any Japanese or Chinese girls that go through a nursing school in the United States would undoubtedly be citizens?

Admiral AGNEW. If they applied and if they are citizens, they would have the same consideration as anyone else, sir.

The CHAIRMAN. They have not applied?

Admiral AGNEW. No, sir.

The CHAIRMAN. Do you know of any reason why they have not applied; do you think it is a hopeless situation with them?

Admiral AGNEW. No, sir; I do not know of any reason.

The CHAIRMAN. So far as the Navy is concerned, then, it is the girls themselves who have not applied and not by reason of any regulation?

Admiral AGNEW. That is right. There is no regulation against their doing so.

The CHAIRMAN. You can see I am trying to get information, although not very successfully. Will you proceed, then?

Senator O'MAHONEY. May I ask the Admiral a question, Mr. Chairman, about these corpsmen who are doing administrative work? How many of them are there?

Admiral AGNEW. We have a total of 2,969 now.

Senator O'MAHONEY. Who are doing administrative work?

Admiral AGNEW. That is right, sir.

Senator O'MAHONEY. And they are all trained nurses?

Admiral AGNEW. No, sir; they are trained hospital corpsmen. We have not any nurses in the Hospital Corps. They are all males—I take that back. We have some WAVES who are in the Hospital Corps.

Senator O'MAHONEY. The condition in the Navy is not so severe as to prevent you from assigning to administrative work personnel capable of performing hospital work?

Admiral AGNEW. That is right, sir.

Senator O'MAHONEY. I see.

The CHAIRMAN. Proceed.

Admiral AGNEW. It will be necessary, therefore, to commission only 500 nurses in each of the remaining months of the current fiscal year to attain the estimated maximum Nurse Corps strength. From that point onward, according to present plans and experience, we will need to appoint not more than 100 to 125 replacements a month to maintain the corps at 11,500. Losses to the Nurse Corps would be by reason of physical disability or other factors which might make it impossible for the nurse to continue on active duty.

Until recently, the American Red Cross has been the principal recruiting agency for the Navy Nurse Corps and the Red Cross Recruiting Committee has done exceptionally fine work in this respect. Since January, however, we have also had the assistance of the Naval



Officer Procurement Service of the Bureau of Naval Personnel. Beginning with the first of January, when the daily average of applications for the Nurse Corps was about 15, the applications increased to around 100 by the end of January, and this average has been maintained to date. As previously noted, we now have on hand and in process of evaluation and action some 3,000 applications.

As I testified before the House committee, it is the desire of this Bureau that the Navy be permitted to continue the voluntary recruitment of nurses, as this policy has been successful not only in obtaining required numbers, but in maintaining high professional standards, and in this connection it is emphasized that the Navy has not recruited any nurse who has not been declared available for military service by the Procurement and Assignment Service of the War Manpower Commission. Then, too, our recruitment has been entirely from the group of registered nurses who are unmarried and between the ages of 21 and 40. Although we do not appoint married nurses, those who marry while in the naval service are not now permitted to resign solely because of marriage, but are expected to carry on with their full duties and responsibilities. Also, we are accepting for appointment nurses who resigned from the Navy because of marriage during the year of 1944.

The CHAIRMAN. May I ask a question there, Admiral? What about your regulations in regard to height and weight?

Admiral AGNEW. They are practically the same as the Army. The maximum height is 70 inches and the weight—I will ask Captain Dauser.

Captain DAUSER. It is according to height. The average weight is 147 or 150 and the minimum is not less than 100.

Admiral AGNEW. Not less than 100 and not more than 150. We allow a variation of about 15 pounds above or below the standards according to height, age and other physical characteristics.

The CHAIRMAN. That is so that a person who is well qualified in a dozen points and yet has a couple of pounds against her, you can waive that?

Admiral AGNEW. Yes, sir.

The CHAIRMAN. How far can you go?

Admiral AGNEW. We can go down to 100 or up to about 157, I think it is.

The CHAIRMAN. 157?

Captain AGNEW. The Surgeon General can then waive beyond that if the nurse is particularly well qualified in other respects.

The CHAIRMAN. How long does this weightage weigh over these people; if they get fat, do you fire them?

Admiral AGNEW. No, sir.

Captain DAUSER. That is just on admission. We do not follow that after they are in.

The CHAIRMAN. In other words, the regulation is one that probably could be modified. For instance, if after a girl served for a while, let us say a year, if she goes overweight, you do not fire her?

Admiral AGNEW. These are only on admission. We do not have any requirements after they have been accepted and appointed.

The CHAIRMAN. You are just running true to form; if you once get in, there is no doubt about your graduation?

Admiral AGNEW. That is right. However, all nurses are subject to an annual physical examination.

The CHAIRMAN. All right.

Admiral AGNEW. It is my understanding that it is the purpose of the bill to provide for the registration, selection, and induction of qualified nurses for the land and naval forces of the United States, and that this would be accomplished under the Selective Service and Training Act of 1940, subject to certain exceptions as specified in the bill. I have not attempted to evaluate the bill in relation to the technical requirements of the Selective Service Act, but only with respect to the special provisions relating to nurses.

I assume, for instance, that section 22 (a), requiring that all females residing in the United States, who are between certain ages and who are graduate registered nurses or eligible to apply for examination for registration, shall be made subject to registration and selection for induction, and section 26, stating that it is the intent of the bill that all nurses shall be registered, would not apply to nurses who already are in the military services. Such a provision would seem to be unnecessary and also one extremely difficult to accomplish because of the wide distribution of the nurses of the Army and Navy in areas both within and far beyond the continental limits of the United States.

It would be my understanding also, that the provisions of section 22 (a), that—

there shall be inducted into the land and naval forces under this title only such persons as have prior thereto been tendered a commission in the Army of the United States, the United States Navy or the United States Naval Reserve,

and of section 25 would enable the armed services to continue to commission registered nurses who volunteer for service, and that only those who have been tendered a commission and who have declined to accept will be inducted, and that such induction then will be in an enlisted rather than in a commissioned status.

I have pointed out that the Navy has had little or no difficulty in recruiting its Nurse Corps to the required numbers, but that, nevertheless, we are prepared to support such legislation as may be required to obtain sufficient nurses for the Army. It is hoped, however, that this can be accomplished without disrupting the present organization of the Navy Nurse Corps, or bringing about a lowering of professional standards which would react to the detriment of the sick and wounded. The Navy Nurse Corps, as at present constituted, has a definite place in the Navy organization, its mission is fully understood, and the services of its members are utilized to the fullest and greatest advantage. It is our hope, therefore, that no factors may be interjected which will reduce the efficiency of the corps or lessen the scope of its usefulness.

That concludes my statement, Mr. Chairman. I will be very pleased to answer, or try to answer, any questions the committee may have in mind.

The CHAIRMAN. Are there any factors in the bill which you think would reduce the efficiency of your Corps now, Admiral?

Admiral AGNEW. No, sir.



The CHAIRMAN. I have just been handed a letter which bears out, probably, what we have been talking about, weight and the rest of it. I will read a part of it. The thesis of the letter is that the draft is not necessary. The letter reads:

My statement is based on facts concerning friends of mine and myself. For example, one Phi Beta Kappa student having a B. S. in nursing was extremely anxious to join one of the services but was rejected both by the Army and the Navy because of defective vision which was corrected by glasses.

What are you doing in regard to eyes now, Admiral?

Admiral AGNEW. Our vision requirements have been lowered; they are down to 6/20. They used to be 14/20.

The CHAIRMAN. The mere fact she wears glasses would not prejudice her?

Admiral AGNEW. If her vision is corrected to 20/20 and she can see 6/20 without glasses, we accept her, if she is otherwise qualified.

The CHAIRMAN. But still the examination is without glasses?

Admiral AGNEW. Yes. They are first examined without glasses, and if they wear glasses we give them another examination with the glasses to see that their vision is corrected to normal.

The CHAIRMAN. The Navy, like every other institution, has changed its ideas about eyes?

Admiral AGNEW. Yes, sir; we have lowered standards in our branch of the Navy as far as vision is concerned.

The CHAIRMAN. Another point in the letter is that another nurse was rejected because her teeth did not meet.

Admiral AGNEW. We have certain dental requirements. That is apparently a case of malocclusion. Some applicants have very poor teeth and we advise them they do not meet the physical standards and that if they will have their teeth corrected they may reapply. Malocclusion may be a deformity. If the jaw is underslung or overshot, she may be turned down for that reason, but if she can masticate her food properly and is not disfigured because of the formation of her jaw, we accept her.

The CHAIRMAN. In other words, both looks and efficiency are your criteria upon which you make your judgment?

Admiral AGNEW. Not looks. A malocclusion frequently deforms the face of an individual, and it would not be to the best interest of the service to have someone like that, provided we have plenty of others who meet requirements.

The CHAIRMAN. That would hold for a male nurse, too?

Admiral AGNEW. Yes, sir; both male and female.

The CHAIRMAN. Any questions, Senator Austin?

Senator AUSTIN. Malocclusion is a defect which extends into the armed services generally, is it not?

Admiral AGNEW. Yes, sir.

Senator AUSTIN. It is a real defect affecting health?

Admiral AGNEW. Yes, sir.

Senator AUSTIN. I think that is all.

The CHAIRMAN. Thank you, Admiral.

Dr. Parran, please.

**STATEMENT OF DR. THOMAS PARRAN, SURGEON GENERAL,  
UNITED STATES PUBLIC HEALTH SERVICE**

The CHAIRMAN. Doctor, will you state for the record what you want to appear about you?

Dr. PARRAN. Dr. Thomas Parran, Surgeon General, United States Public Health Service.

Mr. Chairman, I appear in support of H. R. 2277.

All of us agree, I am sure, that the needs of our armed forces for nurses must be met at once. Our wounded must have all required nursing care. The record as presented by Surgeon General Kirk indicates that these needs are not being met quickly enough through voluntary methods of recruitment. In the face of this record, it does not appear that enough volunteers can be secured within the next 2 months to reach the Army quota of 60,000 nurses by June 1.

Moreover, the needs of the military are bound to continue beyond the close of the war. The number of wounded needing care is cumulative. It will not reach its peak until the fighting stops.

We must take into consideration, also, the fact that as the war progresses toward victory, the public will assume that peace is closer at hand than it actually may prove to be. We had such an experience last autumn, and on Christmas Day, the tragedy of overoptimism hung heavily over the Nation. Indeed, in my opinion, this false peace psychology is largely responsible for the accumulated military nurse shortage. We cannot afford to risk the repetition of a similar disaster. It is for these reasons that I favor applying the selective-service principle to graduate nurses up to the age of 45. I am convinced this is the only way to meet the military needs as quickly as they must be met.

The CHAIRMAN. Doctor, all nurses are commissioned at the present time in the Army, are they not?

Dr. PARRAN. They are, Mr. Chairman.

The CHAIRMAN. Is there any other service in the Army or Navy for commissioned officers that is on a selective-service basis?

Dr. PARRAN. There is not, so far as I am aware, except for physicians and dentists and, I believe, veterinarians; that is, all doctors, dentists, and veterinarians were registered under Selective Service, but so far as I know, all of them in the Army have commissions.

The CHAIRMAN. I see.

Dr. PARRAN. It has been said, Mr. Chairman, that this bill is discriminatory in singling out this one profession for selective service. On the contrary, I think it gives merited recognition to the essentiality of the profession of nursing.

We should recall that for a many years no woman was entitled to a commission in the armed forces of the United States except that she be a nurse. A draft of nurses is further evidence of the vital part nursing plays in the national health picture.

I realize, Mr. Chairman, that in a democracy we are loath to place any additional compulsions upon any group of citizens unless the actual requirements of war clearly demonstrate the need for such ac-



tion. I hope you will consider what may be the effect of the failure on the part of the Senate to pass H. R. 2277 or a comparable measure. Recall, if you will, the events which have happened since the first of the year in connection with the problem of seeking the nurses which the Army needs. The President's message came as a shock to many people, including nurses. There was a sudden increase in applications. Other nurses decided that since the drafting of nurses was probable, they would wait their turn, or at least, would not volunteer until the situation was further clarified.

In the absence of a draft law, the Army has intensified its recruitment efforts both through its own personnel and through Red Cross chapters all over the country. Until January, the Army did not tender a commission to a nurse if the Procurement and Assignment Service, War Manpower Commission, had certified that such nurse was engaged in an essential civilian nursing activity. As the number of wounded mounted, this policy was canceled in a letter from the Secretary of War to the Chairman of the War Manpower Commission. In it, the War Department stated that it would be necessary to accept any nurse regardless of the essentiality of her civilian nursing position. You will realize, I think, how such a policy if long continued would play havoc with our whole civilian nursing structure.

I should say that Surgeon General Kirk has done all he could to provide an appeal mechanism, within the terms of the War Department's policy, whereby employers of essential nurses can present requests that individual nurses doing absolutely essential work will not be tendered commissions.

Senator AUSTIN. May I ask what that structure of appeal is, or review; how is it reviewed?

Dr. PARRAN. At the present time the review is carried out through the service command headquarters. The employer of a nurse doing essential work, which nurse has applied for a commission, can petition the service command headquarters and submit evidence, which usually is supported by the Procurement and Assignment Service, that such a nurse is doing absolutely essential and irreplaceable civilian nursing, and the service command headquarters has the authority to approve or reject such appeal.

Senator AUSTIN. He hears the case *de novo* and takes in new evidence, if necessary?

Dr. PARRAN. Yes. In fact, any previous evidence as to essentiality does not prevent the Army from making physical examination and tendering a commission, and when her record goes to the Service Command Headquarters, that is the place where the appeal can be made by her employer.

Senator AUSTIN. I see.

Dr. PARRAN. I think we must recognize the situation as it exists throughout the country. Enthusiastic recruiters in thousands of Red Cross chapters seek the nurses where they can be found. Generally speaking, the nurses who are doing the most essential work can be found the easiest, in hospitals, in health departments, in visiting nurse associations, on the teaching staffs of the 1,100 nurse training schools. It is not so easy for the recruiters to find the private duty nurses and those doing luxury service. Some nurses are doing non-nursing work in industry—nonessential as well as essential industry—because the pay scales are higher. It is hard to find them. Nursing

talent is being wasted on a civilian front, yet the total supply of nurse power is dangerously low. It must be budgeted wisely, distributed fairly where most needed, if our wounded men are to receive care and at least the minimum amount of nursing care given to civilians who are sick.

Judge Patterson in his testimony pointed out very clearly that if this bill is passed nurses engaged in nonessential civilian nursing will first be inducted, and that this obviously will result in a more even distribution of nurses in essential civilian nursing.

There is a further consideration. Since the measure which is pending before your committee has been brought so widely to the attention of the country, a decision by this committee or the Senate not to pass such a measure inevitably will create the impression among nurses, and among the public generally, that the military needs can be met otherwise, or that the military needs are not so great as represented. Both of these impressions, in my opinion, would be contrary to the facts as I understand them. In fact, I see no method short of the selective service principle whereby military and civilian requirements can be assured.

The CHAIRMAN. There is a great pool of married nurses in the country who will be exempt by this bill as it comes over from the House of Representatives. Now, all along the line, marriage has become less and less a reason for exemption from any sort of service. Marriage was an exemption in selective service in 1917, but we have turned away from it; we have a number of other factors. Should we not recognize those factors in this bill, rather than just exempting married persons?

Dr. PARRAN. That is a very important question, Mr. Chairman, and my answer would be yes, having in mind the already established principles in selective service of dependency and family responsibility, and so on. I would hope that married women with children would not be called.

The CHAIRMAN. The child is the reason and not the marriage?

Dr. PARRAN. Yes. It may not be a question of financial hardship such as is the yardstick in reference to the men. The yardstick should be the need for the mother's care in the home. This should be the consideration in assuring that mothers with young children are not taken. There will be plenty of single and married nurses who do not have dependents and who obviously should be the first to go.

The CHAIRMAN. We have just had the testimony of an Admiral from the Navy, and you know the experience of the Navy in changing its regulation about marriage. If you followed their rule, would we have a rule that would work pretty well now? They do not dismiss them because of marriage or refuse to take them because of marriage, but go into other factors in relation to marriage.

Dr. PARRAN. I am inclined to think an amendment along the line you indicate would be desirable not only from the standpoint of getting sufficient nurses for the military service, but of assuring care of civilian sick. This is a huge job and available nurse power is limited.

As I hope to develop in my testimony, I see a real need for assuring that the nurses who are left are used to the best advantage and most effectually, and even the threat of liability of a married nurse to service would do much to assure she would engage in essential nursing at home or in any essential work or no work at all.



The CHAIRMAN. Yes.

Dr. PARRAN. Mr. Chairman, as this committee may know, the Public Health Service, working with the military and nursing associations, has been actively concerned with the total wartime nursing problem since 1941. In the fiscal biennium 1941-43, Congress appropriated \$5,300,000 for allotments to nurse training schools to increase student-nurse enrollments. In the spring of 1943, it became apparent to Congress that these limited measures were insufficient to meet the demands of a war that promised to be the longest and hardest war this country had yet experienced. After extensive hearings, the Nurse Training Act was passed unanimously. The provisions of the act were approved wholeheartedly by national nursing and hospital groups and had the support of the military. Everyone agreed that this was the only practical way of meeting the emergency created by the war. Consideration at that time was given to establishing a nurse-education program exclusively for the armed forces. It was decided, and I think wisely decided, that one unified program of nurse training should be undertaken to meet both the military and civilian needs by increasing student-nurse enrollment.

Under the Nurse Training Act, the United States Cadet Nurse Corps was organized on July 1, 1943, to—

Provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes.

The act authorizes grants of Federal funds to schools of nursing meeting the provisions of the law, the most important of which are—

1. That the nursing school must give an accelerated program of training (24 to 30 months instead of 36 months).

2. That students admitted to the corps pledge to "engage in essential nursing, military or civilian, for the duration of the war."

3. That in return for the obligation which the student nurse assumes, the Government pays all reasonable tuition, fees and other training costs, and provides a distinctive uniform.

Senator AUSTIN. May I ask a question there, Doctor?

Dr. PARRAN. Certainly, sir.

Senator AUSTIN. I am not familiar enough to remember whether that provision of the law you have just referred to qualifies the manner in which this decision is made or defines who shall make it. You have a disjunctive there, either military or civilian activity. Does the law itself say this shall be done according to the decision of somebody?

Dr. PARRAN. The only pertinent language in the law is the language I have just quoted, namely, that the student pledge herself to engage in essential nursing, military or civilian, for the duration of the war. Also, Senator, we naturally were much concerned about the interpretation, not only the legal interpretation, but the intent of Congress. A careful reading of the hearings and the testimony indicates that the objective of the Nurse Training Act was that it would create a pool of nurses available for military and civilian use combined, but that the individual student would have the choice and she fulfilled her obligation if she engaged in essential nursing, either military or civilian.

Senator AUSTIN. Another case of leaving it to the will of the individual.

Dr. PARRAN. That is correct.

In its comparatively short existence, the Cadet Nurse Corps has made a substantial contribution in preventing a collapse of nursing on the civilian front.

The CHAIRMAN. Doctor, I was in hopes you would bring out the sort of budget arrangement whereby 40 percent would come into the Army and the Navy.

Dr. PARRAN. I am going to do that.

The CHAIRMAN. That is one thing that was not cleared up in the testimony the other day.

Dr. PARRAN. I am coming to that, sir.

The CHAIRMAN. All right.

Dr. PARRAN. Student nurses give nursing care to patients in hospitals while they are being trained. Already, therefore, they have released thousands of graduate nurses to the military. I should remind you that this outstanding war record is being made by a group of 110,000 young women whose average age is 19. Indeed, most of them are 18 when they enter nursing school and some are as young as 17.

It is estimated that a student nurse performs services equivalent to two-thirds of that given by a graduate nurse. Thus it will be seen that the 110,000 Cadet Nurses are replacing 70,000 graduate nurses, whose services otherwise would be required in civilian hospitals. Without the inducements provided by the Nurse Training Act, the supply of student nurses would have dried up.

Recruitment for the Cadet Nurse Corps has been highly successful. In fact, it has been recognized as the most successful recruitment effort of the war. More than 1,100 schools of nursing are participating. A quota of new admissions to all schools was set at 65,000 for 1943-44, the first fiscal year. The actual number of new admissions was 65,521, which is 76 percent higher than 1940, the last year prior to Federal aid, and an all-time record. The quota set for the current fiscal year is 60,000 new student nurses, and for next year the same.

The total corps enrollment of first-, second-, and third-year students on March 1 was approximately 110,000. Total enrollment in all nurse-training schools is approximately 126,500. It should be emphasized that these quotas do not represent the full needs of the country for nursing service. They do represent, however, the maximum capacity of the nurse training institutions, and I think it is fair to say that the numbers being trained should be enough to meet our most urgent needs for nurses.

Senator O'MAHONEY. Doctor, is there any normal ratio between the number of nurses and the population?

Dr. PARRAN. The actual number of active nurses, Senator, has never been determined. Nobody knows who is or is not a nurse in terms of her availability for nursing. That is because the marriage rate is so high among nurses and there has never been any real national census or registration of nurses.

I have letters saying, "I was graduated in nursing 16 years ago; I have three children; I have not done any nursing except taking care of my children during that period; I have no household help and my husband is doing a war job."

Senator O'MAHONEY. Has any study been made as to what the incentives are that induce a person to become a nurse?



Dr. PARRAN. I am not familiar with studies along that line. There may be representatives of the nursing profession here who may be able to answer the question. I think there are various and varied incentives that induce a young man to enter law or medicine, but I think it would be difficult to make a scientific appraisal of those incentives.

Senator O'MAHONEY. Do you know whether the training program has substantially increased the number who seek to enter the profession?

Dr. PARRAN. Yes, sir; it has increased by 76 percent the number of girls going into nursing between 1940 and the current fiscal year; nearly double the pre-war admissions.

Senator O'MAHONEY. I see.

Dr. PARRAN. I would like to emphasize that the student nurses are now giving 80 percent of nursing care in their associated hospitals. As it is, the Cadet Nurse Corps is credited with having prevented the collapse of nursing care in civilian hospitals. Simultaneously, the rapidly increasing number of graduates constitutes a reservoir of nurse power which, if effectively distributed, will be sufficient, in my opinion, to meet both the military needs and the minimum essential civilian needs.

The Cadet Nurse Corps, therefore, is setting a record for service in spite of the fact that the full impact of its graduates is still several months away. The program was started only 20 months ago. There were, in 1944, only 10,000 graduates of the Cadet Nurse Corps. The students in the second and third years of their training when the act was passed were given the option of coming into the corps. Most of them had paid the cost of their training, or the major part of it, and we bought a promise at a small Government expenditure, a promise to engage in essential nursing. Some 10,000 cadet nurses were graduated in 1944. That was only one-third of the total number of nurse graduates that year.

As of December 31, 1944, 40 percent of them had applied for military service, even though that was a time when most of us assumed the war in Europe would be over very soon. If their classmates, the other 20,000 who graduated during the same year, 1944, had volunteered for the Army, the Army Nurse Corps would have exceeded its quota by January 6, 1945, the time of the President's speech. We have a more recent check as to the intentions and actions of Cadet Nurse Corps graduates as of March 1, and we find that 55 percent of them have chosen military service.

The CHAIRMAN. I wish you would emphasize the 55 percent.

Dr. PARRAN. I am glad to do so, Mr. Chairman. As of March 1, 55 percent have chosen military service in carrying out the obligation which they undertook, to engage either in civilian or military nursing service.

The CHAIRMAN. That is higher than the plan anticipated, is it not? Did you not start with 40 percent and then reduce to 35?

Dr. PARRAN. In 1944 we estimated that the military forces, based on the best estimates they could give us, would want only about 20 percent of the current group of graduates. Then it went to 35 or 40 percent, as you have said. But those calculations have been changed as the needs for nursing have gone up in the Army as the number of wounded has mounted.

The CHAIRMAN. Those estimates have been made by the Army itself?

Dr. PARRAN. Yes, sir; the Army and Navy have kept us and the Red Cross and the other related agencies informed fully as to their quota and needs from time to time.

The committee may be interested also in a spot check made during the past 2 weeks. The Public Health Service queried more than 5,000 cadet nurses in all areas of the country to determine the present intentions about serving where most needed upon graduation. They were asked these two questions:

1. Three months ago what did you plan to do upon graduation?
2. What do you now plan to do?

The analysis of replies shows that 3 months ago, 66 percent planned to go into the military, whereas today that percentage has risen to 85 percent. The rest expressed a deep consciousness of their obligation to remain in essential civilian service. It is apparent, therefore, that these young women are imbued with a seriousness of purpose and a realization of their moral obligation to their Government in consideration of the Federal money spent in their behalf.

This nurse-training program represents a substantial investment in Federal funds, the appropriation being some \$63,000,000 during the current fiscal year. In my opinion the country is receiving and increasingly will receive returns on this investment which will be important not only in wartime but will reach beyond the war and far into the future. Moreover, we cannot measure what the loss to the country would have been if civilian health services had collapsed in its hour of crisis, but I do believe it would have been comparable with defeat in a major military campaign, because nursing is the backbone of our whole civilian health service. As I have said, we cannot measure the cost of failure, but we can measure the important contribution which has been made and will continue to be made by these thousands of loyal, energetic young student nurses. By their phenomenal enrollment in schools of nursing they have created a reservoir from which the military will draw in ever-increasing numbers.

In my opinion, Mr. Chairman, H. R. 2277 is essentially a good bill. It is my hope that the true principles of Selective Service will be followed with utmost care in its administration, in order that both the military and minimum essential civilian needs may be met. Unless this be done, there are many nurses with special training for key positions in public health and in nurse education who will be forced out of their positions as a result of social pressures. Already there is 22- to 30-percent vacancy in public health departments, visiting-nurse associations and on the staffs of nursing schools. If more key nurses were to be removed or were to leave their posts suddenly, our entire nurse structure would collapse. This cannot be permitted to happen at a time when we are training the largest number of student nurses in history, and when the major civilian health problems of a long and hard war are still ahead of us.

By applying the true principles of Selective Service, as was done so successfully with the doctors of the country with the advice of Procurement and Assignment of the War Manpower Commission, we should be able to budget our limited nursing resources to cover minimum needs. This is a precious national health asset which must be conserved.



The Public Health Service is concerned with any situation which threatens the national health. After current military quotas are filled by Selective Service, there still will be needed some effective controls over the remaining nurse power of the country. In proportion to military vacancies, this will represent a very large number of nurses. An important effect of this law on civilian health, therefore, is that a mechanism can be set up to insure that these remaining nurses engage in essential work. This seems to be provided by section 22 (b) (1), which says:

In order to assure that the Nation's limited nursing skills are wisely utilized and that the national health and safety is protected against unwarranted depletion of essential nursing services, in the classification, reclassification, or deferment of any individual under this act, the selective-service local board shall give consideration to the recommendations, if any, with respect to whether such individual is engaged in essential nursing services, filed with such board by the Nursing Division of the Procurement and Assignment Service of the War Manpower Commission \* \* \*.

I think that is a very important provision because as the war progresses, we shall see the cumulative effects of fatigue, long hours of work, worry, anxiety, and grief. In other words, there is bound to be a lower level of civilian health and greater susceptibility to disease. We have been fortunate up to now in not having had any serious epidemics. It is well within the realm of possibility that we may have a repetition of the 1918 influenza pandemic before this war is over. If this or any other disaster were to occur, there would be no time to pass a law which would mobilize doctors, nurses, and other personnel to meet the critical health and medical care problems created thereby.

It is for these reasons that I favor the selective-service principle for professional nurses which considers essential civilian service as well as total military needs.

This is total war. We must mobilize fully to guard against collapse on any front, military or civilian.

The measure before your committee is a very much better bill than the one which was reported to the House of Representatives.

In an earlier question, Mr. Chairman, you have indicated an amendment which in my opinion should accomplish the general purposes I have attempted to outline. Your proposal is more effective than the present blanket exemption of all married women. As a result of discussions on the floor of the House, a number of amendments were adopted which, in my opinion, makes this bill a workable measure and one which seems reasonably adapted to meet the ends in view.

The CHAIRMAN. If the bill provided for nothing else than the registration of nurses, that in and of itself would be a contribution to our present situation, would it not?

Dr. PARRAN. Yes; at least we would know—such action would enable us to know what our nursing resources are. I do not think such action, however, would do much more than that.

The CHAIRMAN. Would that not be something worth while?

Dr. PARRAN. It would be worth while to have the facts. Just to have the fact, however, that a well-trained nurse is working in a candy factory because she gets higher wages there than she would get as a

nurse does not do much good in getting such a nurse into the military service or essential civilian service.

The CHAIRMAN. Senator Austin?

Senator AUSTIN. No questions.

The CHAIRMAN. Senator Gurney?

Senator GURNEY. No; thank you.

The CHAIRMAN. Thank you, Doctor.

Mrs. Bolton.

#### STATEMENT OF HON. FRANCES P. BOLTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mrs. BOLTON. Mr. Chairman, it is not my desire or purpose to take up too much time of this committee, particularly since you can refer to my testimony before the House, but there are certain matters that I do wish to speak of in order that the actual record of these hearings may be clear.

I was very happy to hear the Under Secretary of War, Judge Patterson, and the Surgeon General express such sincere praise of the nursing profession and of the work the nurses are now doing. Too much cannot be said about both, and I am sure it has been a sincere pleasure to these gentlemen to have the opportunity to express their appreciation, both as individuals and as officials of the War Department and of the Army. It is a great pleasure for me to add a few words to theirs, as a Member of Congress, as the mother of two service sons, and as a civilian, to say nothing of just as a woman. In all four of these categories, my gratitude and appreciation is boundless.

Working closely with nurses over a long period of years, I know how keenly they feel their responsibilities to the whole structure of the care of the sick; they know the needs of the civilian hospitals, of the public health fields very thoroughly. So many thousands of them are currently carrying the truly intolerable loads on every side of the civilian picture. They are so keenly aware that the flow of students must continue if there is to be a continuing nursing force, and they have come forward for the arduous duty with the Army and the Navy with a patriotic zeal equaled by no other professional group save perhaps the doctors.

We have listened to Admiral Agnew's very fine testimony that so far as the Navy is concerned it feels it has no need to draft nurses but that the Navy, in order to back up the Army, as they always do, speaks for the draft if it be necessary.

I want to remind you that in 1940 the Army Nurse Corps numbered under a thousand persons. In April 1944 it numbered 40,000. I am speaking only of the Army. In those 4 years something over 80,000 nurses had volunteered for service. In testimony previously given this committee, the number 90,000 was used, which I assume included the Navy.

I want to emphasize that every quota asked for by the Army was met in spite of the rigid adherence to regulations which refused service to many young women because they were a fraction too short or too tall, too light or too heavy, or had not 100-percent dental occlusions.

Senator KILGORE. May I interrupt right there, Mrs. Bolton?



Mrs. BOLTON. Yes, indeed, Senator.

Senator KILGORE. I have had a number of letters on that point; that the fact those who volunteer must qualify as a commissioned officer, with all the necessary formalities, has been a hardship on the volunteers. Have you had that complaint?

Mrs. BOLTON. No, sir.

Senator KILGORE. In other words, in traveling to the place where they take their Army examination and waiting until they were commissioned, at which time they might find themselves with a very serious case, at the time they were suddenly called, and could not get relief. In some cases that have been brought to me, that has caused hardships in getting nurses.

Mrs. BOLTON. I have not heard that.

Senator KILGORE. You have not?

Mrs. BOLTON. No, sir. There may be isolated cases.

Senator KILGORE. They do have to go through the same formalities as any other officer getting a commission.

Mrs. BOLTON. The Army Nurse Corps is made up solely of officers. That was found necessary in the last war. Unfortunately, at that time only relative rank was given. Last year, that very serious maladjustment was corrected and a commissioned rank has been given to the nurses who are now in the Army of the United States, and it is very necessary, sir.

Senator KILGORE. I agree with you, but I am wondering if it would assist if some of the necessary steps we find in commissioning officers for other duties in the Army could be eliminated or modified or smoothed out and whether it would speed up the increment of nurses coming in and whether they do find it a hardship to go through that.

Mrs. BOLTON. I could not answer that question.

Senator KILGORE. We get them because they are registered nurses?

Mrs. BOLTON. Yes.

Senator KILGORE. Then we have additional qualifications which sometimes make it hard for the nurse who wants to volunteer to come in.

Mrs. BOLTON. She must be qualified, of course.

Senator KILGORE. But she must also have certain physical qualifications and go through certain steps in order to get that commission.

Mrs. BOLTON. Otherwise, she would be a possible detriment.

Senator KILGORE. That is right, she might be.

Go ahead; pardon me.

Mrs. BOLTON. I do want to emphasize very much the fact that every quota asked for by the Army was met in spite of the rigid adherence to regulations which, in many cases, have been very much changed.

If, as was suggested the other day, the numbers asked for were not adequate, that can hardly be blamed upon the nurses. I repeat, if one can use the round figure of 250,000 active nurses in the country—that number has varied from 250,000 to 285,000; even to 300,000—but the general feeling seems to be that we can count approximately 250,000 as being active nurses. Then one-third of their number have asked for service. That approximately 25 percent of these did not qualify under the existing regulations cannot be considered their

fault. The fact remains that every announced quota between 1940 and 1944 was filled. It is a magnificent record.

If I may speak a little of the background of the circumstances that led to the Nurse Cadet Corps and the money that was appropriated to help the inactive nurses get special courses and refresher courses, to get them back into the active field: Back in 1940 I went personally with five top nurses to the then Surgeon General, asking that the Army School of Nursing be reopened. We went supposing it would be reopened because war was imminent, and we went to offer our services in the securing of the necessary staff, teaching staffs for those schools. We were told very clearly that the Army did not propose to reopen the school of nursing again, it did not intend to do any teaching. Civilian hospitals would have to supply the nurses.

Senator KILGORE. Could I ask another question?

Mr. BOLTON. Yes, sir.

Senator KILGORE. Civilian hospitals run nurse training schools in the hospitals where, as the students progress, they are given more and more duties to assist the graduate nurses on duty. Could that be done in selected types of Army hospitals in the United States satisfactorily?

Mrs. BOLTON. It is done, sir.

Senator KILGORE. It is?

Mrs. BOLTON. The Army School of Nursing was activated in 1918 as being necessary to a prolonged war at that time. Its record in the first 18 months was quite extraordinary, both in the number of applications and the way it was administered. The school ran for 10 or 12 years and was shrunk—then was closed down by units until it was active only in Walter Reed Hospital. Finally even that unit was closed, after which it was advisable to keep only the skeleton organization of it as the possible framework for future need.

Senator KILGORE. That has not been used?

Mrs. BOLTON. No. It was deemed advisable by the Army that the civilian hospitals of the country should be called upon to produce the necessary nurses.

Senator KILGORE. I have noted that in civilian hospitals students who have had a full year and a half, do quite a bit of work of the nurses, within certain limitations; in other words, they help the graduate nurses in their tours of duty. Would that help relieve any situation we have in the hospitals if we carried on that program in our service hospitals? The 2-year students now in the Cadet Corps are now in the civilian hospitals and that service is being rendered in civilian hospitals. Would it be of value to the Government?

Mrs. BOLTON. It is available to the Government.

Senator KILGORE. But the girl cannot complete her course.

Mrs. BOLTON. Her last 6 months, when she is a senior cadet, may be spent in either civilian or Army hospitals, and practically all of the senior cadets the Army has wanted have gone to the Army and they have been useful. In fact, the Army has said that 40 nurses can be replaced by 50 cadets; the proportion is like that.

Senator KILGORE. That is, those who have been trained up to the last 6 months?

Mrs. BOLTON. Yes; the Senior Cadets. In an ordinary civilian hospital a student almost immediately becomes of use to the hospital.



She is, bit by bit, put on the ward more and more as she learns and acquires more nurse training.

Senator KILGORE. Could that be supplied to a service hospital, taking into account the fact that our men from the Medical Corps could act as orderlies to assist the nurses—could these cadet nurses be of assistance before they had attained senior cadet status?

Mrs. BOLTON. That would entail just the factor the Army did not want to consider: The assumption of responsibility for the real training of the nurse. The senior cadet has finished all her book courses by the time she reaches her senior cadet period.

Senator KILGORE. I see.

Mrs. BOLTON. My 2 months in our hospitals in England and France gave me a very vivid sense of the amazing service our nurses are rendering. Their gallant courage, their endurance, their selflessness under the most difficult conditions, cannot be described and certainly cannot be done justice to. What I have learned of the Pacific areas leads me to believe that their heroism out there also is writing new nursing history.

I would like to digress at this point to say that the Surgeon General's visit to the Pacific and his orders to the commanding officers to promote those nurses has lifted the spirits of a war-weary homesick group of young women more than even he knows. Promotions have been very slow and difficult to attain and I am sure the light in the Surgeon General's face when he told me of it must be reflected in the hearts of a great many young women overseas.

I have emphasized the fact that until a year ago the nurses of the country met every quota set by the Army and the Navy. It is my understanding that Navy quotas are being met to date.

Without any desire to criticize—and I assure you, Mr. Chairman, I do not want to bring a critical note into these hearings—but to have the record of the nursing profession clear and the record of everyone concerned, I want to sketch very briefly some of the difficulties contributing to the lag in the recruitment of nurses for the Army in this past year.

No one person and no one group is to blame for the present situation, Mr. Chairman. The Red Cross accrediting system, quite satisfactory in peacetimes, though slow, was too slow and had its share in this war period to dampen the ardor of many who wanted to volunteer and did volunteer. It has now been streamlined and the checking of credentials, which is a most necessary part of securing qualified nurses for the Army, has gone forward with amazingly accelerated speed. The Army's slow assignment of nurses played its part in giving the impression that the emergency talk was not vital or accepted nurses would have been assigned promptly. Rejections for unimportant and rather absurd reasons discouraged many more girls and their circles of friends. Letters from hospitals in staging areas picturing idleness played their part, too, as no one thought to make it clear that waiting for the battle is one of the necessary and often the most difficult part of managing an Army. But these are in a way lesser matters.

To my mind, perhaps the greatest factor of all in the slowness of recruitment during the past year was the general attitude emanating from different sources and pervading the country from D-day on. The invasion of France spelled victory which we were all made to feel lay just a short way down the road. This feeling spread to men

and women on the production lines and in offices during the summer months, culminating in the fall, when everyone expected peace almost daily. Is it to be wondered at that many nurses were infected equally with other loyal Americans?

I would like to sketch very briefly the efforts made by the Surgeon General and others to secure an adequate number of nurses for the needs after D-day. It is my understanding, rather carefully checked, that the Surgeon General requested a 50,000 ceiling for nurses for the Army in either October or November 1943. Naturally, when such a request is made, the various sources of supply have to be contacted and plans made to recruit that number. That had been the process during the previous 4 years, and always successful. So, recruitment programs were planned including the very important and necessary registration of the whole nurse power of the country.

Then, early in December 1943, the War Department announcement of a ceiling of only 40,000 came as a shock. Inasmuch as there had been 37,500, or a few more, already taken into the Army, it was just a matter of some 3,000 nurses, and the recruitment program was abandoned because we knew the nurses would be available up to 40,000 and therefore this very important registration program could not be undertaken.

When the national support for that was withdrawn, the States found themselves in a position that meant they were simply unable to do the necessary publicity and secure the necessary personnel to make the registration program possible. Therefore, registration went by the boards.

I would like to speak for a moment quite on my own responsibility because I was a member of the special committee set up by the Red Cross to meet the requests of the Army for paid Red Cross aides. I would like to draw that picture for a moment. The Surgeon General is not responsible for a word that I shall utter; so please exempt him. But he had asked for 50,000 nurses and the War Department allowed him 40,000. His plans were based upon possible D-day casualties. It was up to him to find some kind of personnel that would fill in his needed program, so he went to the Red Cross and asked the Red Cross if their aides who were on a volunteer basis might possibly be used on a paid basis by the Army. The Red Cross agreed to that, but left the recruitment of these aides to the Army.

The recruitment went forward and bit by bit voluntary aides were made paid aides and taken on by the Army.

In the fall the Army asked for a little more help from the Red Cross in this recruitment and a special committee was formed to assist the Army in obtaining these paid aides. There were some 165,000 trained aides in the country. Most of the trained ones were in the East and the greatest needs appeared to be in the South and West and therefore request was made for transportation costs.

It was at that moment that the War Department changed its attitude in the matter of the assistance to be given on the wards by Red Cross aides. It abandoned the plan with the Red Cross and set up a plan under the WAC's for the recruitment of 8,000 women to be given training as aides. That particular change was made overnight and caused a good deal of confusion. I believe that has been straightened out and that the WAC's are going forward with their campaign to get women and to train them, while the Red Cross



aides already in the Army hospitals and those accepted for training for that purpose were to be continued under the original plan.

In April 1944, when the War Department changed its viewpoint on the ceiling of nurses and raised it to the Surgeon General's original ceiling of 50,000, an effort was made to resurrect the recruitment program which had been abandoned. I am sure every one knows how difficult it is to get new life into a dead thing. Also, when we went into Normandy, everybody in the country was told it meant victory. The revived recruitment program seemed in complete contradiction to the victory propaganda, and therefore it was almost impossible to make headway.

In September further efforts of various kinds were made to raise the 50,000 nurses. A letter was sent out by the Surgeon General's department over the signature of Colonel Blanchfield, head of the Nursing Division, to 27,000 nurses who were classified under Procurement and Assignment as available to the Army. The Army, as you know, has no money for extensive propaganda of any kind. This letter had very little response; I believe there were about 3 percent replies. That is very low, gentlemen, and a businessman who had such a low response from anything he did by way of advertising would examine the kind of material he was sending out, I think, rather than to blame his public for the failure in result.

Undoubtedly the Army was well aware that that one letter could not do the business because it had to function against a Nation-wide peace propaganda, and was not surprised that there was small return. But it was a shock to a good many of us, even though we knew the low percentage of return could not honestly be blamed wholly upon the nurses of the country. The Surgeon General was well aware that a great many things would have to be done if he was going to get his nurses, and efforts were made by the publicity department of the Army to get in touch with other groups, the Red Cross, the War Advertising Council, and others who could put over a very much larger campaign for these nurses.

The War Advertising Council had done a magnificent job with the student cadets in which they had had an interesting experience. When they took hold of that program, a rather negative psychology was being used. For instance, it was being said that there were "11,000 places not filled in the schools." Results dragged, but when it was reversed, when it was said that there were "only 11,000 opportunities left," "that is all," "you had better get in while the going is good," everybody rushed to get in and our Cadet Corps was over-subscribed.

I think it is the tendency of the Army to have a rather negative psychology rather than a positive one. I say that without criticism and am simply developing the idea.

Now, in spite of a good many problems there was a joining of all groups interested in nurse recruitment. The War Advertising Council was requested to form a task force and take over a recruitment campaign. Acceptance of this was given by the War Advertising Council on October 12. Nothing further was heard by them from the War Department until December 20, so nothing could go forward on the part of the campaign committee. But in spite of these discouragements, when that word finally came to the War Advertising Council, they went forward with campaign plans and the campaign was finally

launched on March 5. Previous to that time I am sure you heard some of the programs on the air and read some of the comments that were harbingers of more to come. At the moment there are more than 1,200 department stores and specialty shops helping, and the Red Cross is manning their recruitment booths and we hope something will be done to awaken the country to the need. To me it is a very unfortunate thing that this happens to be the month set aside by the Red Cross for securing its funds. Those efforts are somewhat blanketing the efforts being made to emphasize the need for securing nurses for the Army. It is important that everything possible be done to help this volunteer program, because, whether this bill is passed or not, these weeks are slipping by and the Army needs the nurses now.

There is a further difficulty, Mr. Chairman, that it seems to me this committee should take into consideration but which it should not in any way overemphasize. There is the difficulty of red tape in the top echelons of the War Department which makes it almost impossible to secure any kind of figures with which one can deal. The Surgeon General's hands are completely tied. Things have to go through channels and it is very difficult for those of us who are working as intelligently as possible to know what the actual status of the recruitment program is—how many have been accredited by the Red Cross, how many have been accepted by the Army, and how many have been actually assigned. I was in the office of the Surgeon General in the latter part of last week and we brought that particular thing right out into the open. He said he could not give me the latest figures as they would have to clear through channels. I said, "I understand that very well, but if you will give me the released figures I shall be grateful."

I was interested because the released figures were as of last Friday, that 14,000 nurses were still required. You will note in the testimony of the Surgeon General and of the Under Secretary that it is estimated that on June 1 the 60,000 asked for by that date will not be met by some 9,000. That would mean, Mr. Chairman, that according to Army estimates only 5,000 nurses can be secured in these 9 weeks. From the experience we have had in these past weeks, I am inclined to believe that the Corps today actually numbers more than the announced 46,000 and that there are additional nurses waiting impatiently for assignment. And further, those of us who are trying to help the Army secure these nurses with or without this bill find ourselves working somewhat in the dark when accurate figures are so difficult of access. That, however, is one of the problems that we who are not in the Army have to contend with.

There is another side of all this that I feel I must speak of at this point, one which I find myself unable to comprehend. Quite simply it is this: How can a young woman trained in nursing, who is qualified for army service and physically fit, fail to volunteer for the most dramatic service she will ever have an opportunity to give? Having spent 2 months in our hospitals in England and France, I cannot understand how anyone would want to miss the very deepest experience life can give. But the fact is that many nurses who are qualified and available are not coming forward. Is it because the picture given them has not been clear enough to make it seem vital to them? At the same time we are losing nurses to the Army who have occupied essential positions in hospitals, public-health services, and schools of



nursing, perhaps because they are easily got at. The Under Secretary's directive of some weeks ago to the service commands to accept all nurses applying regardless of their classification in the matter of essentiality, created a havoc that has not been assuaged by a later follow-up that urged care. If our schools of nursing are crippled, we run a very real risk in the whole matter of future nursing strength, and who can prophecy when this hideous war will end or for how long there will be a dramatic need of nurses here and everywhere?

It is hoped that if this bill becomes law and the selectivity of a draft is used intelligently and wisely, protection from decimation will be given our very much needed schools, our civilian hospitals and our public-health fields, while at the same time the Army Nurse Corps will be brought up to emergency war strength.

So, Mr. Chairman, I have called to your attention some of those unfortunate actions and inactions on the part of all groups included in the responsibility of securing an adequate number of Army nurses, even including the nurses themselves, who as a group, are showing a wonderful spirit of loyalty. To my mind certain implications that they have failed the wounded in their need have been unfortunate in the extreme, and I find myself still believing that had the truth been given us all, had the Department policy been a sustained one, no such situation such as the one in which we find ourselves would have occurred.

However, Mr. Chairman, no one recognizes more clearly than do I that all this is water over the dam. But I want your Senate records clear. The fact that it is rather muddy water is the fault of all of us, because many of us could have done many things we did not do. No one recognizes more clearly than I that we must be certain that the boys who are drafted for the Army shall have adequate nursing care when their need is acute.

It is probably true there is a point that will be arrived at in every phase of our war experience when voluntary methods no longer avail. It is that point which appears to have been reached in the raising of the nursing force needed to care for our men. It would help could we talk more frankly with the Army in regard to actual figures. If we are going to do our bit, we should know all the facts. Then we could work more intelligently and more effectively.

I have tried to give you a little of my sense of the needs that there are and the things that need correcting. On Monday I expressed my sense of the inadequacy of the bill before you in the matter of married nurses due to the confusion on the floor of the House. I trust very earnestly, Mr. Chairman, that your committee will see fit to amend the part of the bill having to do with married nurses, very carefully safeguarding those with dependents. Such an amendment will broaden the base from which we can choose nurses as to those who do not have responsibilities.

I think it would strengthen the whole section, not only for the Army but the country as a whole if there could be an amendment to the bill which would make possible a national registration of all nurses regardless of age.

My principal reason for this is that a selective-service board, in making selection would then have available a record of the older nurses, the disqualified nurses, in that particular small area, upon which could be drawn to fill in the places of those nurses they propose to withdraw,

so that each community would not be decimated of its nurse strength. It needs grievously to be done and I trust some such amendment may be added here in the Senate. Such an inventory would be a direct contribution to the civilian problem and also to the problem which will be presented to you by General Hines of the Veterans' Bureau, the problem he is faced with, although I think the bill really takes care of the Veterans' Administration exceedingly well insofar as a result of withdrawing nurses by draft is concerned because it does not permit any withdrawals from the Veterans' Service.

I think that is all I have to say, gentlemen.

(Senator Thomas having been called from the room, Senator O'Mahoney acted as chairman.)

Senator O'MAHONEY. There are no other amendments you care to suggest?

Mrs. BOLTON. Only that possibly you would want to strengthen section 27, though I think it perhaps covers the need, that married nurses be not disqualified for service in the same areas as their husbands. I think the strengthening of that section by giving assurance that the Army would have to do all in its power to bring men and their wives into the same areas, would do a great deal to raise the morale, not only of the Nurse Corps but of the men themselves. Some of them are going to be a long time overseas.

Senator O'MAHONEY. Any questions?

Senator KILGORE. I would like to ask a question.

Has there ever been ascertained the number of volunteers who were refused for physical reasons?

Mrs. BOLTON. I suppose the break-down is available, Senator. About 25 percent of the first 80,000 who volunteered were refused, and I think only 7 percent of that was for any disqualification from lack of adequate nursing knowledge. I am not sure of those figures.

Senator KILGORE. I was thinking purely of the physical condition aspect. I meant the number refused for physical disqualification who were otherwise qualified. Is it possible to divide nurses in both the Army and Navy into two groups, one of which would be capable of foreign service, and others only for service within the United States, because of their physical condition; is that feasible?

Mrs. BOLTON. I think that would make rather a difficult problem from the Army's attitude toward administration, Senator. I think we must not forget that in this country Army hospitals are employing civilian nurses and are decimating their Army Corps and leaving just a skeleton of Army nurses in some instances in order to staff the hospitals overseas, because they can have civilian nurse personnel here and civilian aides and all of the other auxiliary services.

Senator KILGORE. That is the point I was getting at. I was wondering whether the shortage is here or abroad. Possibly, if they are trying to get all Army personnel in the Nurse Corps into the hospitals by creating, as we once created, what was known as the Special Services of the Army, where we specified certain physical disqualifications that unfitted the person for foreign service, such as age, and so on, we could meet part of this need by that.

Mrs. BOLTON. I would question the necessity of that. I think the fact that the Army can employ civilian nurses in its hospitals on this side and can use aides and other auxiliary people would eliminate that necessity.



Senator KILGORE: Is the service as good obtained from civilian nurses as if they were in the service?

Mrs. BOLTON. There is, of course, this difference: The civilian nurse is under civil service and is on a limited number of hours; the Army nurse is not on a limited number of hours, any more than any man in the Army.

Senator KILGORE. That is the point I was getting at.

Mrs. BOLTON. But overseas, Senator, it is a most inspiring thing. Those girls would not be on limited hours for anything in the world.

Senator KILGORE. In the United States would that take care of a certain flexibility?

Mrs. BOLTON. I would not be in a position to say, sir.

Senator KILGORE. We have run into that in other phases of military installations, that civil service and Army requirements did make for a certain inflexibility and interfering with taking care of a sudden rush.

Mrs. BOLTON. It means, of course, that they may have to employ more civilian nurses than they would have of Army Nurses for the same work.

Senator KILGORE. They would have to employ enough to take care of the anticipated peak, regardless of how long the low might exist?

Mrs. BOLTON. Exactly.

Senator GURNEY. I would like to ask Mrs. Bolton if she cares to make any remarks on a subject brought to my attention in the last few days. I am receiving telegrams requesting that the nurse draft bill be confined to registered nurses and not allow the drafting of cadet nurses or those who have not passed State examinations.

Mrs. BOLTON. I think, Senator, it could not be otherwise.

The Army Nurse Corps is entirely a corps of graduate nurses and there is no anticipation of having an undergraduate put into this bill. That would be quite impossible.

Senator GURNEY. They want it to apply only to graduate nurses, of course, but only to those who have become registered nurses.

Senator O'MAHONEY. That is the way it passed the House.

Senator GURNEY. That means they would have to have a certificate from some State.

Mrs. BOLTON. Yes; that means they are licensed to practice nursing in whatever State they are in.

Senator GURNEY. That is right. You do not feel this bill should be confined to just registered nurses?

Mrs. BOLTON. We did so confine it, graduate professional registered nurses.

Senator O'MAHONEY. Page 2, line 11:

\* \* \* who has been, or on such day or days is, a graduate registered professional nurse in any State, Territory, or possession of the United States or in the District of Columbia, or (2) who on such day or days is (A) a graduate of a State-accredited school of nursing and (B) eligible to apply for examination for registration as a graduate registered professional nurse.

Senator GURNEY. So you see it is not confined just to registered nurses.

Mrs. BOLTON. I see what you mean, Senator. No, I think the reason for that emanated from the fact that in many States registration examinations take place only at certain times, and a girl might graduate and there might be a period of 2 or 3 months before she could take an examination to register. The bill as worded might well

make it possible for her to be taken into the corps and then pass her registration examinations when the time came along to do it. But in any event she must be graduated from an accredited school.

Senator O'MAHONEY. You are definitely of the opinion this bill is necessary to secure the number of nurses that are required?

Mrs. BOLTON. May I reply in this way: It is very difficult to give a guaranty; one cannot give a guaranty that the point that I spoke of previously, the point when the volunteer system no longer will function, has been arrived at or not.

Senator O'MAHONEY. Do you think it has been arrived at now?

Mrs. BOLTON. Personally it is the muddy water under the dam that troubles me. I am perfectly sure that had we not made the mistakes we made in 1944, there would be no need whatever for this bill, but the mistakes were made and the situation is here and the boys must be nursed.

Senator O'MAHONEY. It is your judgment, nevertheless, that at this time it is necessary to follow the principles of this bill to secure the nurses which we must have?

Mrs. BOLTON. As I say, Senator, if it is proven that it is necessary.

Senator O'MAHONEY. Of course, that is one of the reasons this committee is in session.

Mrs. BOLTON. Were I certain that I had all the available figures and facts, Senator, I could give you a clearer answer, but as I told you, the Surgeon General is permitted to give us only those figures which have gone over to the top echelon and been released.

Senator O'MAHONEY. Do you not believe the figures made available to this committee in the testimony day before yesterday?

Mrs. BOLTON. I am wondering how many more figures will come out tomorrow. As I have said, when I asked if I could have the figures as of that given moment the Surgeon General had to inform me that I would have to go to the top echelon. I did not have time to go there on Saturday, and they were cleared for this committee on Monday—so this committee has the latest figures.

Senator KILGORE. The last figures that have been cleared?

Mrs. BOLTON. The last figures that have been cleared, yes, sir. But beyond all this, there is the constant anxiety under which we all labor: If and when Germany falls, what is going to be the result in America? Are we going to need this kind of legislation to continue giving to our men the care they are going to need for so long? We know that there is going to be acceleration of the war in the Pacific, do we not? We also know that the nurses who have been over there for 3 years are very tired. The Surgeon General spoke so well of that in his testimony; he has seen them, and he knows, and I have seen the ones who have some back, and I know. They must get relief and we have not any we can take from here and move there unless we get some new ones to replace those who are resting and in transit, and so on.

Senator O'MAHONEY. Mrs. Bolton, may I ask you whether there are any questions in your mind to which you have not received sufficient answers from the highest echelon?

Mrs. BOLTON. The questions I have asked of the highest echelon have finally been answered, but I do not know what answer I would get on the situation of tomorrow or that you would get. You would probably get far more than I.



Senator O'MAHONEY. I do not know why.

Mrs. BOLTON. Because the committee is in session.

Senator O'MAHONEY. But you have been studying this measure for some time and I have ventured to suggest if there are questions in your mind which have not been answered and which should be, if you will be good enough to prepare those questions, I think this committee will get the answers.

Mrs. BOLTON. I am sure you will, sir, and I appreciate that. My feeling is that I wish the Army would be a little less rigid in its motions. I wish, when there is this emergency need and everyone is trying so hard to work with them, that they, in turn, would try terribly hard at the top to work with us.

Here is another matter I feel free to speak of because I went to the Under Secretary, Judge Patterson, and battled with him over it: When the letter went out over his signature to the Service Commands that they were to accept any nurse regardless of essential need, it was a terrible thing that was done—it disrupted school after school after school of nursing. That affected the whole process of nursing in this country, not only for the boys in the Army hospitals and veterans' hospitals and all other hospitals, but it meant most of all our student nurse supply. Do you see? Had there just been a little bit of—I said "Why did you not come to some of us?" He said he was sorry he did not. He was very gracious and tried to do everything possible to remedy it, but the fat was in the fire, the horse was out of the barn, and it has made a very difficult problem even more difficult.

I do not know what else may be in process, perhaps I should not know, and perhaps that is the way an Army should function. But it would help to have access to current facts.

Senator O'MAHONEY. I made that suggestion so that no more fat may fall into the fire.

Mrs. BOLTON. I hope it will not. I know Judge Patterson and Secretary Stimson and everyone in the office there and in the Surgeon General's office is deeply disturbed over this nursing need, and they are trying their utmost to see that the boys are nursed. I think the nursing profession is doing its utmost not only as a profession, but the nurses themselves are trying to understand though they are confused by the swing from peace talk and not needing them and waiting so long for their assignments after their applications, to this pressure on emergency need of them. They are still confused.

So it is a difficult thing to know exactly what should actually be done. I know that every member of the House feels he never voted with so low a heart as when he voted on this bill. An amendment was defeated which perhaps should have been, but on the other hand, if there could have been something in the bill which would say that as soon as the quotas are met, the monthly quotas, the bill would not be activated, it might make everybody feel better. Then, if the dead end point was reached, there would be the draft. Whether that is advisable or not, again, is not for me to decide, and the volunteer system is allowed under this bill. On the other hand, it is perfectly natural and human that women who know there is a draft in prospect would say, "All right, I have got this essential job; it is important; I am working; when they want me they will call me." That is as

Dr. Parran brought out in his testimony, a possible reason recruitment is slow.

Senator KILGORE. May I ask another question? Do you think the registration of all nurses up to 65 with a proper certification of their qualifications, so that the Government would have at its disposal a full knowledge of the available nursing strength of the country and where located, would be desirable?

Mrs. BOLTON. Exactly, sir.

Senator KILGORE. With the proviso that as long as monthly quotas were met by volunteer activity, no effort at induction would take place? Do you think that might be a possible way of filling the need?

Mrs. BOLTON. The House defeated that.

Senator KILGORE. I am just asking.

Mrs. BOLTON. From my standpoint I think it would make a great many people happier, unless it might slow down the draft process—because there is a great deal to be done before the draft mechanism will work.

Senator KILGORE. In practically all of the professions and specialty lines in the Nation, there is a horrible lack of information on which to draw when we need people, and very frequently they would be glad to volunteer if they knew what they were getting into. We have in the past called that regimentation, but I sometimes feel it would be just to the Government if we could keep certain registers of all sorts of specialists in our country so the Government will know where they are.

Mrs. BOLTON. I have felt that the rank and file nurse knows all too little of the terrible need for her service, and if there is some way to go to her door and say to her: "This is where you are needed, do you not realize it?", she would realize it.

Senator KILGORE. I have found that the cadet program helped out the training in hospitals tremendously, because, due to war work, it was very hard to sell a girl on the idea of taking a nursing course for which she would be spending money, and certainly not on a training capacity for a period of 3 years, and I am just wondering how effective this full registration would be.

Mrs. BOLTON. I think it would be a splendid thing and an incentive to all of the nursing groups.

Senator KILGORE. Do you not think, if it is done, it should be kept alive even in peacetime?

Mrs. BOLTON. I would say so.

Mr. Chairman, I find that I made a mistake in the actual figures but not in the principle I am talking about. The 9,000 figure is that of anticipated deficit of nurses on June 1. The 14,000 is that of existing deficit.

Senator GURNEY. As of this date?

Mrs. BOLTON. As released as of this date.

Senator O'MAHONEY. Do you think there is a difference between the release figure and the actual figure?

Mrs. BOLTON. I could not answer yes or no to that.

Senator O'MAHONEY. The implication from what you say is that there may be.

Mrs. BOLTON. I have found there is usually a difference. It has to go through channels and takes a little while. Therefore, when I



am told by the Surgeon General he cannot give me anything but the released figures, then I know there are other figures and from week to week there have been such changes. It has just made it a little difficult.

Senator O'MAHONEY. I ought to say, Mrs. Bolton, that Chairman Thomas and Senator Austin were called to a special meeting of the Foreign Relations Committee and that is why they had to absent themselves. They are very much indebted to you.

Mrs. BOLTON. They can read it.

Senator O'MAHONEY. Yes; they thank you very much.

(Mrs. Bolton, after reading the transcript of her testimony, wrote the chairman the following letter:)

HOUSE OF REPRESENTATIVES,  
Washington, D. C., March 22, 1945.

HON. ELBERT D. THOMAS,  
United States Senate, Washington, D. C.

MY DEAR SENATOR THOMAS: I have just gone over my testimony and have made some very necessary corrections and have also spent a pretty busy 24 hours studying the whole draft idea. What I am left with is this: None of us over here wanted to vote for it, but we felt we had to because there is no guaranty that enough nurses will volunteer and keep on doing so, should the war get worse in the Pacific.

Wouldn't it make it more palatable, without in any way slowing up anything, if there could be added at the end of section 24 something like this:

"No person shall be inducted under this title as long as, in the judgment of the President, voluntary recruitment is at a rate sufficient to satisfy the needs of the land and naval forces for nurses."

That might just take the edge off, not only for us but for the whole nursing profession.

I send it to you with very sincere appreciation of the great courtesy you have shown me, you personally and the several members of your committee who attended the meeting on Wednesday.

Sincerely,

FRANCES P. BOLTON.

Senator O'MAHONEY. General Hines.

## STATEMENT OF BRIG. GEN. FRANK T. HINES, ADMINISTRATOR OF VETERANS' AFFAIRS

General HINES. I am going to be very brief because the problem is very simple, but not less serious as far as the Veterans' Administration is concerned.

On three occasions I have asked the Secretary of War to commission nurses on duty in veterans' hospitals. I thought that was the simplest way of solving the problem, and I wish to add to what has been said by other witnesses, that I think the attitude of the nurses has been most commendable and that on the part of those serving the Veterans' Administration hospitals has been very commendable. They have stuck to the job, although many of them wish to go overseas. The urgent demand of the War Department is causing nurses to resign from Veterans' Administration hospitals. You gentlemen understand that when these men become veterans are in need of hospitalization, the veterans' hospital has to furnish it.

We are short at the present time 774 nurses. That means that the service in our hospitals is impaired in that ratio to the total number of authorized positions of 5,087. The House committee very carefully considered this matter and put an amendment in the bill which at

that time they thought would cure the situation, but it will not for the simple reason that these nurses can resign. While they can be held in the service——

Senator O'MAHONEY. What is the amendment, General, to which you refer?

General HINES. The amendment which says these nurses will not be withdrawn without the approval of the Administrator of Veterans' Affairs, page 4, line 1 to line 8.

Senator O'MAHONEY. That is not sufficient, in your judgment?

General HINES. That is not sufficient to do the work.

I feel I am not in a position to speak upon the question as to whether the needs of the War Department are for 60,000 nurses or not. I am willing to abide by the judgment of those in the War Department charged with directing the war. But I do know that the Veterans' Administration cannot compete with the War and Navy Departments in recruiting nurses, for two reasons. Many of these young nurses patriotically wish to serve in the military service. Many of them have stayed hoping something will be done to give them a veterans' status. The Army nurses, Navy nurses, WAC's, WAVES, and SPARS, all have a veterans' status. These nurses naturally think—these boys may be at Walter Reed one day and at Mount Alto the next, and we have to be sure that the standard of service is the same in both places. We are under criticism now because of lack of pushing faster than some people believe we should, the question whether we shall have a Nurse Corps in the Veterans' Administration. The question really is beyond that; the question is whether we should have a complete Medical Corps.

For 20 years we have functioned and, as they have told us, rendered good service. So my suggestion to the committee is this: If we are to have a draft bill, it is my earnest recommendation that the quota of nurses be raised 2,000 more, because we need 1,000 now. We are bringing in between now and July 1, 6,089 beds. There is no use building more beds if we cannot man them with adequate personnel.

We are doing better with doctors. They are commissioned in the Army and the Navy and they have assisted us greatly. More than 6,000 attendants have been detailed to the Veterans' Administration by the War Department. The Secretary of War in the G. I. bill, Public, No. 346, has ample authority to commission nurses and put them on detached duty in the Veterans' Administration hospitals.

So I ask the committee to give earnest consideration to any provision whereby under the provisions of this draft bill nurses who are drafted and commissioned may be placed on duty in the Veterans' Administration hospitals.

Senator GURNEY. You feel the provision they might be placed on detached service with the Veterans' Administration should be included in the bill?

General HINES. I do. The Secretary of War so far has not seen fit by agreement to do so. I am sure we would be undertaking a dangerous procedure otherwise, because many nurses will have the right to leave our service and I am not sure we can replace them.

Senator KILGORE. General, do we not, then, run into the situation where the older nurses, who have been under civil service with the Veterans' Administration and have done excellent work for years and who, due probably to age or physical condition, would be unable to



qualify for this, thereby releasing younger nurses to be drafted and assigned to the job who would have certain rights, privileges, and emoluments to which the older nurses under whom they probably had worked would not have?

General HINES. You would create that inequality, Senator, and it probably cannot be corrected except by legislation establishing a Nurse Corps. Those women are entitled to great credit. They have stuck by the Veterans' Administration. They are entitled to and will receive, if we follow the suggestion I have made, a readjustment of their pay so they would not suffer on that score. That, I think, can be approached in some other way.

Senator KILGORE. Then that would leave the question of commissioning nurses. It would, of course, be necessary to commission the medical staff members.

General HINES. The medical staff, those who can qualify under the War Department rules for commissioned officers, are now commissioned and on detached duty. The older men who could not qualify, of course, are not.

Senator KILGORE. Your idea was this commissioned service would terminate with the war?

General HINES. Yes.

Senator KILGORE. So the only question would be a question of possible inequality in financial aid and assistance?

General HINES. The difference in the veteran's status.

Senator KILGORE. I do not want to see the Veterans' Administration leave its civilian status in peacetime.

General HINES. Some adjustments in classification are necessary if it remains under civilian status. Those should be made both for nurses, technicians, and doctors.

Senator KILGORE. I agree with you, but that should be made in the civil-service regulations and laws, or otherwise we may get a feeling among the veterans—

General HINES. You see, if this bill should pass, Senator, we would not have time to give consideration to legislation or a corps or anything else. Our nurses would not be drafted, but while I could hold up their resignations for a limited time I could not refuse them the privilege of resigning.

The House did not take the amendment exactly as we suggested it but I am sure their intention was to protect our nurses, and we have another amendment drafted which I will ask the Solicitor to turn over to the committee. But I am sure the solution to the present problem would be to commission the nurses and put them on detached duty.

Senator GURNEY. If you have the amendment available, it would be fine to have it follow in the record at this point.

General HINES. I have it right here. The following draft would include personnel other than nurses and it will be appreciated that there will be required dietitians and other technically qualified employees, such as laboratory technicians and other professional or sub-professional grades. Indeed, there doubtless will be need for more enlisted men than those presently authorized for detail as attendants. If, however, it be desired to confine such amendment to nurses,

dietitians, and similar technical personnel, the language enclosed in parentheses in the following draft may be omitted.

(The amendment referred to is as follows:)

SEC. —. For the purpose of insuring sufficient personnel to accomplish the intent of sections 101, 102, and 103, Servicemen's Readjustment Act of 1944, Public No. 346, Seventy-eighth Congress, relative to adequate facilities for the care and treatment of disabled veterans of World War II and of prior wars, there may be drafted, enlisted, appointed, or commissioned, in addition to the totals otherwise authorized (commissioned and enlisted personnel), nurses, dietitians, and other technicians in appropriate ranks and grades in such numbers as may be agreed by the Secretary of War and the Administrator of Veterans' Affairs. Pursuant to such agreement qualified employees of the Veterans' Administration may be appointed or commissioned in the Army, and additional (officers and enlisted personnel) nurses, dietitians, and technicians shall be recruited by draft or otherwise, and detailed to service with the Veterans' Administration. As may be agreed by said officials Veterans' Administration personnel may be transferred to the War Department with detail or transfer of qualified replacements, and there may be mutually transferred such other facilities, including personnel, as in the judgment of the Administrator and Secretary of War, or of the President, may be in the interest of service, authorized by law, to those in the military forces or discharged or released therefrom. Persons so detailed to the Veterans' Administration shall not be considered in computing the authorized net military strength of the armed forces, and recruitment of necessary personnel under authority of this section shall be without regard to the statutes and regulations pertaining to civil service.

General HINES. I suggested in my testimony that there would probably be some nurses who, due to age or slight disability as a result of service overseas, who could serve in this country and that we could make exchange of our younger nurses and let them go overseas. We could take in some of these older women. I think that change can be made very flexibly and without difficulty.

Senator GURNEY. I am glad to have your testimony because I feel we must not just consider nursing necessary up to the time a man is discharged from the Army or Navy hospital; he is just as much a soldier after he is discharged if he is still in a hospital or receiving nursing care.

General HINES. That treatment must be comparable to the best we can give him in the Army or Navy.

Our program contemplates a very extensive building program of beds for peacetime needs and without the incentive to nurses and doctors which we must have, we are not going to get proper talent to take care of it.

Senator O'MAHONEY. I was going to ask, if the nurses in the Veterans' Administration were commissioned, would that raise any complications at all as between the Army nurses and Veterans' Administration nurses?

General HINES. Not at all. It would afford flexibility. They would probably have some older nurses who could serve in the veterans' hospitals, and we could exchange younger nurses to serve overseas.

Senator O'MAHONEY. Would there be any central control over both groups?

General HINES. Just as we do with the doctors. The Secretary of War and myself have an agreement that a doctor can be relieved of duty in the Veterans' Administration and sent back to the Army or he can go back to civilian status at my request.



Senator Kilgore raised the question of inequality for those who cannot qualify for commission. I think there is and we should adjust it. On the retirement feature, of course, we could not adjust. They are under civil-service retirement.

Senator O'MAHONEY. You have submitted a specific recommendation?

General HINES. Yes, sir. I have ample data I could put in the record, but I think——

Senator O'MAHONEY. If there is any additional information you think should be in the record, and if you will leave a statement with the committee or have one prepared, it will be received.

General HINES. I will insert the list of beds coming in and the number of nurses needed between now and July 1.

(The data referred to appears below:)

*Veterans' Administration report on neuropsychiatric beds to be completed prior to July 1, 1945*

Tuskegee.....	186	Tuscaloosa.....	170
Augusta.....	164	Fort Custer.....	165
Knoxville.....	328	Chillicothe.....	494
Lexington.....	164	Los Angeles.....	406
Downey.....	450	Waco.....	164
Lyons.....	498	Fort Meade, S. Dak.....	720
Waco.....	656		
Wadsworth.....	1,524	Total.....	6,089

Additional beds to be gained through changes in space:

Neuropsychiatric.....	1,362
Tuberculosis.....	16
General medical.....	76

Tuberculosis beds to be completed prior to July 1, 1945:

Waukesha.....	257
Livermore.....	54

Total..... 311

General medical beds..... 76

From July 1, 1945 to Jan. 1, 1946:

Neuropsychiatric beds.....	4,417
Tuberculosis.....	None
General medical and surgical.....	104

Based on the present schedule of additional hospital beds coming into operation and the expansion, 1,000 nurses will be needed by July 1, 1945, to take care of the nursing needs. At the present time there are 850 vacancies as of February 1, 1945. 3,000 additional nurses will be needed by January 1, 1947. This does not include 100 additional positions, due to monthly resignations. During the months of January and February 342 new nurses were assigned and 171 resigned.

Senator O'MAHONEY. The committee will be in recess until 10 o'clock Friday.

(Whereupon, at 12:20 p. m., the committee recessed until 10 a. m., Friday, March 23, 1945.)

(Additional information furnished by General Hines follows:)

*Veterans' Administration report of nurses authorized, on duty, and vacant as of Feb. 28, 1945*

Station	Authorized beds	Number authorized				Number on duty				Number vacant positions			
		Chief	Assistant chief	Head nurse	Nurse	Chief	Assistant chief	Head nurse	Nurse	Chief	Assistant chief	Head nurse	Nurse
Neuropsychiatric facilities:													
American Lake, Wash.	789	1		4	24	1		3	18			1	6
Augusta, Ga.	1,167	1	1	3	38	1		3	36		1		2
Bedford, Mass.	1,881	2		3	51	1		3	43	1			8
Canandaigua, N. Y.	1,435	1	1	4	39	1	1	4	25				14
Chillicothe, Ohio.	1,866	1	1	5	50	1	1	5	45				5
Coatesville, Pa.	1,881	1	1	4	49	1	1	4	41				8
Danville, Ill.	2,303	1		3	70	1		3	69				1
Downey, Ill.	1,600	1	1	5	59		1	4	47	1		1	12
Ft. Custer, Mich.	1,723	1	1	4	44	1	1	4	25				19
Ft. Lyon, Colo.	1,026	1		2	30	1		1	20			1	10
Gulfport, Miss.	980	1		3	26	1		3	25				1
Knoxville, Iowa	1,612	1	1	2	37	1	1	2	26				11
Lexington, Ky.	663	1		3	26	1		3	21				5
Lyons, N. J.	1,925	1	1	6	51	1	1	4	47			1	4
Marion, Ind.	1,904	1	1	3	49	1	1	3	39				10
Mendota, Wis.	276	1		2	8	1		2	3				5
Murfreesboro, Tenn.	1,107	1		4	24	1		3	18			1	6
Northampton, Mass.	1,006	1		4	22	1		3	21			1	1
North Little Rock, Ark.	1,625	1		5	44	1		5	38				6
Northport, N. Y.	2,806	1		7	67	1		7	40				27
Palo Alto, Calif.	1,417	2	1	3	35	1		3	23	1	1		7
Perry Point, Md.	1,822	1		5	48	1		4	35			1	13
Roanoke, Va.	1,662	1	1	4	44	1	1	4	39				5
Roseburg, Oreg.	659	1		2	17	1		2	10				7
Sheridan, Wyo.	713	2		3	20	2		2	20			1	
St. Cloud, Minn.	1,547	2		5	42	1		5	27	1			15
Togus, Maine	1,234	1	1	8	66	1	1	7	42			1	24
Tuscaloosa, Ala.	621	1		3	28	1		3	23				5
Tuskegee, Ala.	1,934	1	1	7	72	1	1	7	69				3
Waco, Tex.	1,394	2		5	47	1		5	39	1			8
Total neuropsychiatric facilities	42,478	35	13	120	1,227	30	11	111	979	5	2	9	248
Tuberculosis facilities:													
Castle Point, N. Y.	625	1		6	66	1		6	55				11
Excelsior Springs, Mo.	283	1		3	25	1		3	21				4
Ft. Bayard, N. Mex.	305	1		2	28	1		2	24				4
Legion, Tex.	409	1		5	55	1		5	45				10
Livermore, Calif.	408	1		4	39	1		4	28				11
Oteen, N. C.	1,269	1	1	10	141	1	1	9	96			1	45
Outwood, Ky.	350	1		3	42	1		3	33				9
Rutland Heights, Mass.	497	1		4	45	1		4	40				5
San Fernando, Calif.	403	1		5	47	1		5	45				2
Sunmount, N. Y.	589	1		4	54	1		4	40				14
Tucson, Ariz.	428	1		3	53	1		3	49				4
Walla Walla, Wash.	421	1		5	47	1		5	43				4
Whipple, Ariz.	527	1		4	69			3	33	1		1	36
Total tuberculosis facilities	6,544	13	1	58	711	12	1	56	552	1		2	159
General facilities:													
Albuquerque, N. Mex.	313	1		4	26	1		3	25			1	1
Alexandria, La.	739	1		7	60	1		7	28				32
Amarillo, Tex.	156	1		2	19	1		2	19				
Aspinwall, Pa.	1,134	2	2	10	108	2	2	10	96				12
Atlanta, Ga.	415	1		4	46	1		4	41				6
Batavia, N. Y.	295	1		5	31	1		4	17			1	14
Bath, N. Y.	428	1		6	42	1		6	30				12
Bay Pines, Fla.	604	1		5	62	1		5	55				7
Biloxi, Miss.	208	1		4	19	1		4	18				1
Boise, Idaho.	203	1		3	20	1		3	13				7
Brecksville, Ohio.	413	1		4	46	1		4	42				4
Bronx, N. Y.	2,090	1	1	14	220	1	1	14	199				21
Cheyenne, Wyo.	212	1		3	15	1		3	12				3
Columbia, S. C.	606	1		6	62	1		5	60			1	2



Veterans' Administration report of nurses authorized, on duty, and vacant as of  
Feb. 28, 1945—Continued

Station	Authorized beds	Number authorized				Number on duty				Number vacant positions			
		Chief	Assistant chief	Head nurse	Nurse	Chief	Assistant chief	Head nurse	Nurse	Chief	Assistant chief	Head nurse	Nurse
General facilities—Con.													
Dallas, Tex.	352	1		5	30	1		3	27			2	3
Dayton, Ohio	1,077	1	1	5	118	1	1	5	86				32
Dearborn, Mich.	463	1		6	46	1		6	46				
Des Moines, Iowa	445	1		6	40	1		6	38				2
Dwight, Ill.	196	1		3	21	1		3	21				
Fargo, N. Dak.	159	1		3	21			2	20	1			1
Fayetteville, Ark.	305	1		3	27	1		3	23				4
Fayetteville, N. C.	297	1		3	36	1		3	33				3
Ft. Harrison, Mont.	184	1		1	18	1		2	16				2
Ft. Howard, Md.	364	1		6	40	1		5	36			1	4
Hines, Ill.	2,024	2	2	24	186	2	1	22	155	1	2	31	
Hot Springs, S. Dak.	272	1		2	25	1		2	25				
Huntington, W. Va.	266	1		5	26	1		5	23				3
Indianapolis, Ind.	345	1		4	35			4	35	1			4
Jefferson Barracks, Mo.	605	1		6	60	1		6	56				
Kecoughtan, Va.	538	1		7	55	1		6	40			1	15
Lake City, Fla.	419	1		4	30	1		3	23			1	7
Lincoln, Nebr.	379	1	1	5	27	1		4	23	1		1	4
Los Angeles, Calif.	2,516	2	1	14	182	2	1	13	141	1		41	
Marion, Ill.	214	1		2	22	1		2	18				4
Memphis, Tenn.	565	1		3	47	1		3	45				2
Minneapolis, Minn.	786	1		5	77	1		5	77				
Mountain Home, Tenn.	553	1		5	49	1		4	45			1	4
Montgomery, Ala.	329	1		3	28	1		3	28				
Muskogee, Okla.	420	1		4	45	1		4	37				8
Newington, Conn.	473	1		4	42	1		4	42				
Portland, Oreg.	526	1		7	52	1		7	47				5
Reno, Nev.	31	1		1	5			1	5				
Salt Lake City, Utah	204	1		3	17	1		3	14				3
San Francisco, Calif.	340	1		4	45	1		4	42				3
Saratoga Springs, N. Y.	47			1	6			1	6				
Wadsworth, Kans.	742	1		9	64	1		9	59				5
Washington, D. C.	327	1		5	50	1		5	43				7
West Roxbury, Mass.	386	1		4	42	1		4	42				
White River Junction, Vt.	188	1		4	26	1		3	20			1	6
Wichita, Kans.	252	1		2	22	1		2	21				1
Wood, Wis.	1,403	1		13	144	1		13	138				6
Total general facilities.	26,908	52	7	268	2,582	50	6	254	2,251	2	1	14	331
Grand total.	75,930	100	21	446	4,520	92	18	421	3,782	8	3	25	738

## RECAPITULATION

Number of authorized positions:	
Chief	100
Assistant chief	21
Head nurse	446
Nurse	4,520
Total	5,087
Number of nurses on duty:	
Chief	92
Assistant chief	18
Head nurse	421
Nurse	3,782
Total	4,313
Number of vacant positions:	
Chief	18
Assistant chief	3
Head nurse	25
Nurse	738
Total	774

<sup>1</sup> Includes position of nursing arts supervisor.

<sup>2</sup> Includes position of assistant nursing arts supervisor.

<sup>3</sup> Includes nursing assistant and nurse trainee.

*Veterans' Administration report of nurses authorized, on duty, and vacant as of  
Feb. 28, 1945—Continued*

## RATIO OF NURSES

	Established	Actual
Neuropsychiatric facilities.....	1-25 to 1-28.....	1 to 36.6
Tuberculosis facilities.....	1-7 to 1-7.5.....	1 to 9.3
General facilities.....	1-7 to 1-7.5.....	1 to 8.5





## NURSES FOR THE ARMED FORCES

FRIDAY, MARCH 23, 1945

UNITED STATES SENATE,  
COMMITTEE ON MILITARY AFFAIRS,  
*Washington, D. C.*

The committee met, pursuant to adjournment, at 10 a. m., in room 424, Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas (chairman) and Revercomb.

Also present: Representative Frances P. Bolton.

The CHAIRMAN. The committee will please come to order.

### STATEMENT OF MAJ. GEN. LEWIS B. HERSHEY, DIRECTOR, SELECTIVE SERVICE SYSTEM, ACCOMPANIED BY LT. COL. WILLIAM H. KRIEG

The CHAIRMAN. General Hershey, for the record, will you state whatever you want to state about yourself?

General HERSHEY. Lewis B. Hershey, major general, United States Army, Director of Selective Service System.

The CHAIRMAN. You may proceed as you wish.

General HERSHEY. I have no statement. I am prepared to answer any questions that may have come to the members of the committee relative to a possible operation of a bill like the House bill, because we have made some study of it since it was reported and passed by the House.

The CHAIRMAN. Are there any provisions in the bill calling upon Selective Service to do anything about this, General?

General HERSHEY. Yes, sir. As I understand the bill, we will be responsible for the registration, the selection, the presentation for commission, and, if not accepted, for ultimate induction of nurses.

The CHAIRMAN. Is your machinery such that you could go right to work on it?

General HERSHEY. Yes.

The CHAIRMAN. How long do you think it would take to get the registration of nurses?

General HERSHEY. We registered in 1 month after the original Selective Service bill was passed. Colonel Krieg can possibly tell you more about that.

Colonel KRIEG. General, we figure on 30 days from the date the bill is signed by the President.

The CHAIRMAN. You think you can do it in 30 days—the printing of forms and everything?

Colonel KRIEG. Yes.



The CHAIRMAN. Are you learning how to get more simple forms as you go along?

General HERSHEY. I think, Mr. Chairman, that is a double-barreled question. It is like the question of whether a man stopped beating his wife. There are certain things that you have to know about in selecting nurses that you do not have to know about in selecting soldiers.

The CHAIRMAN. You do not have to know everything about a registered nurse, because she gives the institution that she graduated from and she gives her experience.

General HERSHEY. That is true; but under the present bill we must work with the procurement assignment. We will probably have to work with some private organizations of nurses if we are going to do a decent job of it.

The CHAIRMAN. I ask you this question because the testimony in the House hearings was that red tape incident to registration in the draft would slow up the process of getting nurses rather than aid it.

General HERSHEY. Well, I could not answer that, because I am not aware of how rapidly they can get nurses now, but we produced men in November of 1940 when we had to set up a system and register them. You have to allow certain periods for the individual to exercise his rights of appeal, and I believe thoroughly in liberal appeal of rights for everyone, because it absorbs a great deal of shock. I would not want to save time to the impairment of the individual's right. I am not in favor of that.

The CHAIRMAN. In other words, then, you cannot answer point-blank as to whether this will get nurses quicker?

General HERSHEY. No, sir; because I do not know how else they are getting them now. The certainty of getting them I am willing to answer for.

There is one word I would like to have changed. On page 6, in the fourth line, the word "male," I think, should be changed to "female." The reason for that is that I personally do not believe Selective Service ought to change from its accepted policy of not dealing with people already in the service. By changing that to "female" the President would have discretion as to both female and male nurses that are already in the armed forces.

The CHAIRMAN. In other words, males are already included in the draft.

General HERSHEY. The word "female" is defined as especially including males, and therefore the use of "female," in line 4, will include both male and female, because it is so defined in lines 1 and 2.

The CHAIRMAN. I think you are wrong, General, because the male nurse refers to the process of induction into the Army Nurse Corps, and there are no male nurses in the Army Nurse Corps now. The bill states:

It is the intent that all nurses shall be registered under this Act, but in the case of male nurses now in the armed services, the President may provide by regulation that they may be inducted into the Army Nurse Corps under the provisions of this Act, without registration with any local selective-service board.

General HERSHEY. There are male nurses, sir, in the Army.

The CHAIRMAN. Yes; but they are not in the Army Nurse Corps.

General HERSHEY. If you change the word "male" to "female," a nurse who is now a WAC, for example, or any male nurse who is

now a soldier, may be inducted into the Army Nurse Corps by the President under this sentence without the necessity of registration by us. I do not think it wise to make the Selective Service responsible for the registration of people already in the armed services and out of our control. It is a small point.

The CHAIRMAN. Your idea is to catch the WAC nurse?

General HERSHEY. If the President wants to. They have already got them; they are no longer under control of Selective Service. They are in the forces. If the President wants to do it, all right; and if he does not want to do it, it is still all right. It leaves it in his discretion.

The CHAIRMAN. General, will you give us a letter—to the committee—so we can have it before us?

General HERSHEY. Yes.

The CHAIRMAN. Thank you very much for coming.

(The letter from General Hershey follows:)

NATIONAL HEADQUARTERS,  
SELECTIVE SERVICE SYSTEM,  
Washington, D. C., March 24, 1945.

The Honorable ELBERT D. THOMAS,  
*Chairman, Committee on Military Affairs,*  
*United States Senate.*

DEAR MR. CHAIRMAN: At the committee hearings this morning you asked that I state in a letter to your committee the change which I recommended be made in section 26 of H. R. 2277.

My suggestion is that the word "male," in line 4, on page 6 of the bill, be changed to "female," so that the sentence beginning on line 2, page 6, would be as follows:

"It is the intent that all nurses shall be registered under this Act, but, in the case of female nurses now in the armed services, the President may provide by regulation that they may be inducted into the Army Nurse Corps under the provisions of this Act, without registration with any local selective-service board."

My purpose in making this suggestion is to make it discretionary with the President to register male and female nurses now in service. Without such modification the registration of female nurses now in the armed forces will be mandatory. I believe that is inadvisable because of the administrative difficulties attendant upon such a registration and because all information desired concerning female nurses now in the armed forces can be obtained from the Army and the Navy.

Sincerely yours,

LEWIS B. HERSHEY, *Director.*

The CHAIRMAN. Miss Densford, please.

#### STATEMENT OF MISS KATHARINE J. DENSFORD, PRESIDENT, AMERICAN NURSES' ASSOCIATION

The CHAIRMAN. Miss Densford, for the record, will you state your name and address and whatever you want to appear in the record about yourself?

Miss DENSFORD. For the record, my name is Katherine J. Densford. I am president of the American Nurses' Association.

Mr. Chairman and members of the Senate Military Affairs Committee, the American Nurses' Association, of which I am the president, wishes to thank you for this opportunity to present its position on the proposed legislation to draft nurses. Membership in the American Nurses' Association is limited to registered graduate professional nurses. The association speaks authoritatively for them on legisla-



tion, as well as other matters; and this statement reflects the opinion of more than 178,000 nurses of the country, as expressed by representatives from its constituent organizations in every State of the United States, Puerto Rico, Hawaii, and the District of Columbia.

The primary concern of all of us is that the Army's need for 60,000 nurses be met and be met at once. This particularly is the wish of every graduate registered professional nurse.

Actually, we are faced with a fourfold problem:

1. The needs of the military;
2. The needs of veterans;
3. The needs of civilians; and
4. The need for educational and training programs, which are of two types:

(a) Basic to maintain a continuous supply of new graduate nurses; and

(b) Advanced to secure teachers, supervisors, administrators, public-health nurses, and nurse specialists.

These phases of the problem are not separate but are interrelated and interdependent. They do not affect nurses alone but are vital to hospitals, industry, public health agencies, physicians, and indeed to the entire American people.

To meet the needs of the military, the American Nurses' Association, in its testimony before the House Military Affairs Committee,<sup>1</sup> presented two alternatives: The first plan, embodied in a proposed amendment to the House bill, appearing on page 8 of exhibit B attached to the material in your hands, states that—

The President is hereby authorized and directed immediately to provide for the expansion and implementation of the existing program for the voluntary recruitment of graduate, registered, professional nurses into the Army of the United States and the United States Navy. Such program shall be comparable in scope and magnitude to those heretofore employed in the recruitment of members of the Women's Army Corps and of the United States Navy Women's Reserve (Women Accepted for Voluntary Emergency Service); and \$— are hereby appropriated for the purposes of such program. Pending the completion of such program, the remainder of this Act shall be suspended, unless and until the President shall determine, upon certification by the Secretary of War or the Secretary of the Navy, that the needs of the armed forces cannot be satisfactorily met by such program of voluntary recruitment.

An amendment, introduced in the House by Representative Fenton, of Pennsylvania, in support of this plan was defeated by only six votes.

The Army's present ceiling of 60,000 nurses, which they interpret as 87 nurses to a thousand beds in overseas hospitals and 67 to a thousand in the zone of the interior, seems as low as could possibly be consistent with adequate nursing care for our sick and wounded. The military must have these nurses and have them at once.

All quotas were met during 1944, although the voluntary plan was seriously hampered by the fact that between November 1943 and May 1944 the quotas were first raised, then sharply lowered, then raised again.

When the boys were inducted into service in 1940, the Army Nurse Corps numbered 942. You have heard General Kirk's testimony before this committee that it now numbers 47,500. All of these nurses entered the Army Nurse Corps voluntarily.

<sup>1</sup> This testimony is annexed hereto as exhibit A.

The American Nurses' Association went on record on February 9, 1945, as holding that voluntary recruitment would be effective only if properly implemented with Federal funds and personnel. It is now March 23, 1945, and no such action has been taken, and in this connection may I note the variance between 4,000 recruitment officers federally supported for the WAC, as against 32 federally supported recruitment officers for Army Nurse Corps nurses in the United States, narrowing down in New York City to 353 to 1.

In spite of the fact that little real implementation has been given the voluntary plan, in spite of the fact that the House has passed a draft bill—the passage of which has temporarily decreased voluntary recruitment—the Army Nurse Corps has shown a net increase of 5,250 nurses since January 1, 1945.

The CHAIRMAN. Where do you get your information?

You say "in spite of the fact that the bill passed the House there has been a decrease," and the next sentence seems to imply that that has not taken place.

Miss DENSFORD. The actual enrollment of 5,250 has come since January 1, according to the figures given us by the Army. The applications being made in the more recent period, since the bill passed the House, have decreased in numbers.

The CHAIRMAN. Do you think there is any connection?

Miss DENSFORD. One cannot answer positively, but we believe there is a definite connection. We believe that many nurses feel, "We will wait and see what is going to happen."

The CHAIRMAN. You merely surmise that that is the case, of course, don't you?

Miss DENSFORD. Yes; we surmise, and also many nurses tell us that that is what they are doing.

This is more than twice the number who enlisted during the 8-month period from April 1944 to January 1945. There was as of March 10 a difference of at least 4,500 between the number of certifications by the Red Cross to the Army and the number of assignments made by the Army, and it may be supposed that this number is even larger now. Assuming that 20 percent of these do not qualify, we still reach a figure in excess of 51,000. According to the National Association of Colored Graduate Nurses, about 2,000 Negro nurses are believed potentially eligible for the Army and Navy, and 2,000 men nurses are available for reassignment.

May I interrupt here to say that the testimony for that association is placed before the committee for its record because the representatives of the organization are not appearing in person.

The CHAIRMAN. The colored nurses do not have membership in your organization?

Miss DENSFORD. Many of them do, but not in all States. The membership for the American Nurses' Association comes through the State organizations, and in some few States of the country colored nurses are not admitted to State membership and, therefore, do not come in directly to our National American Nurses' Association.

The CHAIRMAN. I probably should wait for the other witness on this, but how widely are the colored graduate nurses organized? Are they organized in all the States, or is it just in those States where there are the two systems working?



Miss DENSFORD. The national organization admits colored nurses from all over the country, of course. Most of the colored nurses, I believe, are members of the American Nurses' Association, but in a few States the colored nurses do not come in through the State associations and therefore come in directly to the National Association of Colored Graduate Nurses.

The CHAIRMAN. Do you have any Chinese and Japanese nurses in your association?

Miss DENSFORD. The American Nurses' Association, Mr. Chairman, has no feeling about any group coming into the national organization; but the organization accepts the principle of States' rights in the country, and therefore the nurses who come into our membership come in through each State.

The CHAIRMAN. Is there any State organization where there is a division as to nationality?

Miss DENSFORD. Not to my knowledge.

The CHAIRMAN. What about California?

Miss DENSFORD. I haven't answered your question about the Chinese and Japanese. Yes; we admit Chinese and Japanese nurses. The American Nurses' Association makes no discrimination as to race, color, creed, or sex.

The CHAIRMAN. Do you have many such members?

Miss DENSFORD. Yes; black and white, men and women, embracing all nationalities.

In view of the figures quoted above, it would seem that it would not be an impossible, or even an improbable, undertaking to meet the Army's request for 60,000 nurses by June 1, 1945—but immediate concentrated effort must be put into recruitment; and it seems to me that the Federal implementation for which the American Nurses' Association has asked is essential, immediately.

To supplement the excellent work, mostly voluntary, of the Nursing Division of the Procurement and Assignment Service of the War Manpower Commission, the American Red Cross Nursing Service, and the Army Nurse Corps, we would suggest:

For the Procurement and Assignment Service: Federal funds to provide enough highly qualified full-time persons to assist with classifications to insure that the nurse who is classified as 1-A (available for military service) actually is available for military service and understands her obligation to enlist.

For the Red Cross we would suggest increased help and instruction for their recruitment committees to enable them to make a more intensive, personal follow-up of every nurse classified for military service, using the best possible recruitment techniques suited to present-day young people.

For the Army we would ask that a sufficient number of highly qualified recruitment officers be assigned immediately to the recruitment of nurses, this number to be at least as high percentagewise as that required by other branches of the service.

This association called all of its State organizations into conference in Washington, March 7 and 8, 1945, to formulate plans for assisting further in the recruitment effort now being made by the Army and Navy Nurse Corps, the American Red Cross, the Office of War Information, and the War Advertising Council. The reaction from the representatives sent by the nurses to this meeting was enthusi-

astic and unanimous; and I feel that their efforts—nurses appealing to nurses—will result in a significant contribution to the strength of the Army and Navy Nurse Corps.

Regardless of the final disposition of pending legislation, it cannot possibly provide nurses for the military by June 1—and the sick and wounded must have them now.

As part of any voluntary plan, the establishment of recognized and tested recruitment techniques is imperative. These techniques include the education of the general public, industry, hospital administrators, public health officials, and practicing physicians, as well as the nurses themselves. Many nurses classified as available for military service by the Procurement and Assignment Service are designated by their employers as essential in their civilian positions, and they are made to feel that it would be a selfish as well as an unpatriotic act if they were to enlist in the military. The release of these nurses necessitates particularly the cooperation of the medical profession, as well as that of other groups. More must be done, and quickly, to counteract the decided influence of the advice of husbands and sweethearts who advise their womenfolk not to enlist in the military.

Progress is being made in the elimination of "bottlenecks," which result in nurses resigning from their positions, disposing of their property, putting their affairs in order after being certified to the Army by the Red Cross, then, in some cases, waiting as long as 7 months to be assigned; but greater effort must be made in this direction. While some hospitals are dangerously understaffed, numerous situations still exist where hospitals are doublestaffed because one nurse has been released for military duty, and after arrangements have been made for her successor, the first nurse is not assigned for months. Senior cadets who have offered their services for 6 months have been told that no vacancies exist in Army and Navy hospitals. While some hospitals have done a good job, not nearly enough have adjusted their schedules to utilize nurses in retirement and auxiliary workers of all types who have offered their services part time. Even those who have offered full-time service have often been told that they were not needed. All these things are retarding the voluntary plan.

We all seem to be agreed that there is sufficient nursepower in the country to fully meet the need of the military and provide minimum nursing care for the civilian population, if this power can be wisely allocated. We have spoken of the approximate 2,000 Negro nurses and of the estimated 2,000 male nurses who could be reassigned. There are also the 42,980 nurses who have been classified 1-A by the Nursing Division of the Procurement and Assignment Service of the War Manpower Commission.

While we have endeavored to give every consideration to family relationships, it must be recognized that young married nurses without dependents do form a sizable group from which to draw. Nurses in private duty form a fairly large group from which to recruit.

The CHAIRMAN. In your first sentence there as to married nurses, under the House bill this group that you mentioned would not be touched?

Miss DENSFORD. That is right.



It must be remembered, however, that many choose the field of private practice because they are over military age or because of physical disability. On one registry which has happened to come to my attention, only 14 percent of the nurses available for private-duty nursing are under 60 years of age—and I know of one grandmother—81 years old—who has taken her third patient home from the hospital since Christmas.

The first of the large wartime classes admitted to schools of nursing under Federal aid will graduate this fall.

The CHAIRMAN. Do you mean there is a nurse 81 years old who is still working as a nurse?

Miss DENSFORD. She has just taken her third patient home from the hospital since Christmas. She is a nurse in private practice.

The CHAIRMAN. You say she has taken her patient from the hospital. That means a patient has gone from the hospital into the private home?

Miss DENSFORD. The nurse was with the patient in the hospital. This 81-year-old nurse was a private-duty nurse who took care of a sick patient in the hospital and took the patient home from the hospital, and she has cared for three patients since Christmas.

Though the number of cadet nurses graduated to date has been small, the percentage electing military service (55 percent to March 1, 1945) is high. The large wartime classes in schools since 1942 are contributing 80 percent of the nursing service in hospitals with schools, thus releasing nurses for war service.

There is a limit beyond which nurses cannot be mobilized under any plan. This is particularly true because the duties of nurses in this wartime emergency have been extended far beyond their recognized field. In fact, they have become the "shock absorbers" for any and all unmet needs, both in military and civilian hospitals. In combat areas, as well as on the civilian front, medical care necessarily is spread so thin that nurses are doing minor surgery, giving infusions, putting patients up in traction, and so forth. Conversely, they are for the same reason being used as auxiliary workers. Because we do not have a sufficient number of nurses aides and ward attendants, highly skilled nurses are performing such duties as making beds, preparing trays, and guarding the linen closets. This again applies both to the military and civilian situation and is a serious drain on the available nursepower. Nurses in some military areas are badly overworked and are greatly in need of relief. The situation in civilian hospitals, gentlemen, is, frankly, almost as acute. Many nurses are working far beyond their strength, which will eventually mean beyond their efficiency. This situation can be corrected only when nurses not now active in the profession come forward and when women outside the profession assume nonprofessional routine duties in civilian hospitals. Unless the voluntary plan can be immediately implemented as I have suggested and vigorously pursued, the only alternative is through the medium of a draft. The association has gone on record as being willing to accept a draft of nurses as a first step, but only as a first step, in a selective-service act for all women. This should be supplemented by a general service act in order that our drastically reduced civilian nursing service may be augmented by help from other groups of women. The American Nurses' Association offered a series of amendments to the House bill which are attached to this material

as exhibit A. In the main, the present bill, H. R. 2277, incorporated these amendments and is satisfactory to the American Nurses' Association—if we must abandon the voluntary plan—with these further suggestions:

1. Annual national registration of all graduate registered professional nurses under 65 years of age for the duration of the war.

2. Restriction of induction to graduate registered professional nurses, eliminating graduate nurses who are not registered. (The term, "registered nurse" is defined in bill H. R. 2277, on p. 4, par. (c). Please see note under sec. 2 (a) of attached amendments, exhibit B, proposed by the American Nurses' Association.)

3. Establishment of definite monthly quotas by the military, with the understanding that only nurses classified as 1-A would be commissioned and that actual draft machinery would not be used as long as these enlistments met the quotas. To facilitate this, the Nursing Division of the Procurement and Assignment service of the War Manpower Commission should be further implemented and strengthened.

The CHAIRMAN. Just what does your word "registered" mean? You are talking about registering nurses through registration and then you call them registered graduate nurses.

Miss DENSFORD. Yes.

The CHAIRMAN. What is the ordinary process of registration?

Miss DENSFORD. "Registered" as used here applies to the nurse who has taken her State board examination in a State and has been licensed to practice nursing as a registered nurse.

The CHAIRMAN. Is that required in all the States?

Miss DENSFORD. That is required in all States. Let me put it this way: Every State provides a means for nurses to become licensed. That does not mean that they require that every nurse be licensed, but the nurses may, in every State, take a State board examination which qualifies them, if they pass the examination, to become licensed and to practice as registered nurses.

The CHAIRMAN. Can we substitute the word "licensed" for "registered." in the first line of your paragraph numbered "2" on page 8?

Miss DENSFORD. No.

The CHAIRMAN. It will not work?

Miss DENSFORD. No.

The CHAIRMAN. I will be asked those questions, and I would be glad to be able to answer them.

The American Nurses' Association agrees with General Hines as to the need of a permanent Nurse Corps for the Veterans' Administration. The present bill, H. R. 2277, protects, to some extent, the nursing service in Veterans' Administration hospitals; but since many of the injuries sustained in this war will require lengthy hospitalization, a permanent corps is necessary. The association is, therefore, supporting H. R. 327, a bill which is now in committee in the House of Representatives and which provides for such a corps.

The CHAIRMAN. Don't you think it would be better for the Army and Navy to detail nurses to veterans' hospitals rather than to a separate corps?

Miss DENSFORD. My personal opinion is that there should be a Nurse Corps of the Veterans' Administration.



The CHAIRMAN. Just why? Why could not it work the way I suggest and work efficiently and save us from another institution? Would the Army and Navy nurse not fit into a veterans' organization?

Miss DENSFORD. If all nurses in the Veterans' Administration were to come in through a commissioned corps in the Army—I should like to ask the Veterans' Administration and the Army whether they would approve that. I believe the Veterans' Administration would be the group to respond, really, to that question.

The CHAIRMAN. Well, they have done it in the past. I remember the last time when the Veterans' Hospital was set up the Army nurses were assigned to duty there. There is a great question as to just where the Army Hospital ends and the Veterans' Hospital begins. At the present time, any man who is injured to the extent he cannot qualify any longer as a soldier still remains in a soldier hospital, but he is in reality a veteran. That is neither here nor there, but since your whole thesis is that we can make headway easier and faster through the way you propose than through the legislative process, I thought it was all right for me to ask you that question. The Army and Navy both have authority to assign nurses at the same time right now, and if it will accomplish that purpose, of course they probably will not want to assign them. They say, of course, that they haven't got enough, but that is not the question at all; it is not a matter of quantity, it is a matter whether that scheme will work as well as the one you suggest. You do not think it would?

Miss DENSFORD. Well, I would trust the judgment of the Army and the Veterans Administration, in conference with the representatives of the Senate Military Affairs Committee, to work out the best plan. As a long-term program we are not going to be able, I feel, personally, to care for our veterans adequately with the type of nursing service that we should have, unless the nurses in the Veterans' Administration have the same sort of rank, recognition, opportunities, personnel practices, and all of the other things that nurses in other Federal services have.

The CHAIRMAN. In other words, if those standards would immediately be raised at the Veterans' Hospital, the nurses would be assigned from the Army and Navy, would they not?

Miss DENSFORD. They would all be commissioned, for one thing.

The CHAIRMAN. The pay would be more stabilized.

Miss DENSFORD. The pay would be a little larger for the staff nurse, the one doing general bedside nursing.

In conclusion, the American Nurses' Association is proud, indeed, of the volunteer record of the nursing profession. One out of three has volunteered—one out of four is now serving. That, gentlemen, is the highest volunteer record of any single group in the history of this country. The high sense of patriotism and devotion to duty that built the Army Nurse Corps from 942 in July of 1940 to 47,500 today still prevails in the nursing profession. Once nurses are assured that they are urgently needed—that if they turn a deaf ear to civilian demands now being made upon them they will be assigned to essential nursing positions in military service, not used as ward attendants, or worse still, spend months in idleness—nurses will continue to respond; and in this war, as in all others, volunteer nurses will care for our sick and wounded.

Thank you.

The CHAIRMAN. I think I ought to at least say this: There is, of course, running through your testimony the feeling that the nurse does not like to be drafted, that we can get along without her being drafted. That question has been right with us from the beginning. The Selective Service Act is not a draft act in the ordinary sense of the word. In fact, under selective service, the boy who is called into service receives more than the Government has ever given a soldier before in the history of our Government. His dependents receive more aid than the dependants have ever had, and undoubtedly the pensions will be even greater than they have ever been. In other words, there has never been the thought on the part of the sponsors of the Selective Service Act, or any of the amendments, that we were in any sense removing the soldier from the high plane of service that we want in every soldier that serves.

Another thing, the type of letters which have come to us and have been read in the discussion has hurt me very much, because they imply that some of the boys are serving because they had to serve. Well, if that is the only reason the nurse wants to serve, I would not have them myself, and if that is the only reason the boy wants to serve, that does not know enough about his country to know better than that, why, we would not have him.

The whole point is, if a selective service act for nurses becomes law, or when it comes out of our committee, at any rate, it will not be presented in the sense of selection because you haven't done your share or haven't done your duty, but it will be presented in the sense of selection for probably the greatest honor the country ever asked a nurse to carry on under.

Miss DENSFORD. I believe the American Nurses' Association feels that is true, Senator Thomas, of your committee, as to what it is aiming for and what it actually will do.

The CHAIRMAN. Thank you very much.

(Exhibits A and B referred to by Miss Densford follow:)

#### EXHIBIT A

AMERICAN NURSES' ASSOCIATION,  
New York, N. Y., February 9, 1945.

STATEMENT BY MISS KATHARINE J. DENSFORD, R. N., PRESIDENT OF THE  
AMERICAN NURSES' ASSOCIATION

(Presented to the Military Affairs Committee of the U. S. House of  
Representatives)

The American Nurses' Association, of which I am the president, is the national membership organization of graduate registered professional nurses in this country, having an enrolled membership of over 178,000 members. It has a constituent association in each of the 48 States, the District of Columbia, Puerto Rico, and Hawaii. The association was organized in 1896 and has been functioning actively ever since that date.

The opinions which I am about to express do not necessarily reflect my personal views but are the opinions of our membership as made known through their accredited representatives.

First of all, it seems to me that it is of the greatest importance that the members of this committee thoroughly understand that the American Nurses' Association will continue to use every resource at its disposal to help to provide adequate nursing care for the men in military service. We believe, with the Surgeon General, that "the importance of nursing in making sick and injured men well cannot be overestimated."



The American Nurses' Association has been vitally concerned with nursing care for our armed forces since it was organized. An infant organization, 2 years old when the War with Spain was declared, one of its first acts at its first convention was to offer the services of its delegates, in a body, to the Government for nursing service in the Army.

In spite of the valiant effort of the trained nurses who rose to meet the emergency, the nursing care was not what it could have been with proper organization. As a result, in December 1898 the association helped to formulate a bill on Army nursing. This bill failed to pass, but public opinion had been aroused, and when, a year later, the bill to create the Army Nurse Corps was passed, the corps had already been organized and functioning for several months with a nurse superintendent. The association has continuously supported legislation to improve the status and effectiveness of nurses in military service—the final result being the commissioning of Army and Navy nurses in February and June of 1944, respectively.

To protect the public, nursing practice in this country is controlled by State nurse practice acts which establish recognized minimum standards of professional education and performance and provide for the licensing of properly qualified men and women as registered professional nurses. From the beginning the association, and especially its constituent State associations, have actively sponsored and promoted proper legislation toward the control of the practice of nursing.

Since representatives of the Red Cross Nursing Service have testified at these hearings, I shall touch only briefly on the relationship between us. Cooperative relationship between the Red Cross and the American Nurses' Association goes back at least to 1904. In 1909 the American Red Cross asked the American Nurses' Association to assist it in developing a nursing service to provide a reserve for military and disaster nursing that would meet the standards of both societies. Shortly thereafter, a national director of Red Cross nursing service was appointed, and a plan for State and local committees on Red Cross nursing service to receive applications of nurses for enrollment in the service and forward them to the central office in Washington, with the necessary credentials, was put into effect. In World War I, the entire quota of nurses (21,480) needed for military service was raised with the help of these voluntary committees—a magnificent record.

Nursing began to prepare for World War II long before Pearl Harbor. More than 2 years before that date the American Journal of Nursing, the official publication of the American Nurses' Association, began to call upon nurses to increase the reserve in the Red Cross nursing service.

In July 1940 the American Nurses' Association called together a representative group of nurses to consider the place of nursing in national defense. The ultimate outcome was the National Nursing Council for War Service, made up of representatives of the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses, and of the Federal agencies and related groups. The council's purpose is to coordinate the wartime activities of all these organizations.

The council's first act was to sponsor a national inventory of nurses, in 1941, to determine where the nurses were, how many new student nurses must be enrolled, and how military quotas should be assigned to the States. United States census figures are of little value here since they do not differentiate between registered nurses, graduate nurses, and student nurses. The United States Public Health Service sponsored the survey, with financial help from the Red Cross. The American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing acted as cosponsors. A second national survey of registered nurses was made in 1943 by the United States Public Health Service. These surveys provided data by States on the numbers of nurses in this country active and inactive, married and unmarried, meeting military requirements as to age, and the numbers of each in the major fields of nursing.

The recruitment of student nurses has been a major activity of the National Nursing Council for War Service and the State nursing councils since before Pearl Harbor. After the Bolton bill was passed in June 1943, creating the United States Cadet Nurse Corps, the National Nursing Council for War Service continued a large part of its student recruitment activity under special contract with the United States Public Health Service, which administers the corps.

These student nurses have given a large part of the nursing care to patients in civilian hospitals in place of the graduate nurses who have gone into the military. As senior cadets they are increasingly becoming available to the Federal hospitals. As graduate nurses they will be available for military and essential civilian nurs-

ing service. Relatively few cadet nurses had graduated up to January 1945, since the corps is less than 2 years old, but beginning with this year, they will make an important addition to the nurse census.

Early in 1942, the National Nursing Council for War Service established a national committee on supply and distribution of nurses to work with State committees in providing nurses for military service and safeguarding nursing care of civilians. The council was financially unable to carry on this tremendous task and, at its request, the project was placed in the Procurement and Assignment Service of the War Manpower Commission, an appropriate mechanism was established, and a nurse director appointed. The former State and local committees on supply and distribution then became State and local committees on procurement and assignment.

Procedures for classifying nurses according to their availability for military services or essentiality in civilian service were formulated, as were procedures for notifying the Red Cross nurse recruitment committees when nurses were classified as available.

By January 1, 1945, approximately 235,000 nurses had been classified as to their availability for the military and essentiality in civilian services. Practically all of this work was accomplished by nurses, the majority of whom were on full-time duty in their own profession, and who volunteered to give the extra time for this important effort. Federal funds provided for only some 65 clerical workers throughout the entire country.

Plans were formulated for a national registration by the Procurement and Assignment Service, to be held in February 1944. Scarcely had the proposed registration been publicized when on January 8, 1944, the War Department notified the Procurement and Assignment Service that "appointments to the Army Nurse Corps will be curtailed after 3,500 nurses needed early in 1944 have been procured. Thereafter, replacements only will be needed." Accordingly the proposed registration of nurses was dropped as was the Office of War Information's over-all public information plan. To the consternation of everyone, in May 1944, the War Department advised the Procurement and Assignment Service that the total ceiling for the Army Nurse Corps had again been raised from 40,000 to 50,000.

The confusion of nurses over this rapid change in directives can be readily understood, but procurement and assignment committees kept on working. The Nursing Information Bureau of the American Nurses' Association with the National Nursing Council for War Service circulated thousands of leaflets telling nurses the story of procurement and assignment.

The American Nurses' Association, with the National League of Nursing Education and the State boards of nurse examiners, works continuously to make the maximum number of registered nurses available for military service as rapidly as possible. For example, one State is now holding examinations as often as once a month.

A clearing bureau of State boards of nurse examiners has been functioning at American Nurses' Association headquarters since August 1943. As a result of conferences arranged by the American Nurses' Association and National League of Nursing Education for State boards of nurse examiners, licensing examinations have been speeded up and simplified. Broader interpretations and amendments of nurse practice acts and modifications of board rules have hastened the process of licensing professional nurses.

In addition, the clearing bureau and the State boards are simplifying licensing by reciprocity. This is of great importance in providing nursing care for civilians as our population has shifted to centers for defense industry, and as specially qualified nurses have been needed in hospitals and schools of nursing in States other than those in which they were originally licensed. Also, this has helped to provide nurses to replace those who enter military service.

The American Nurses' Association has persistently and continuously kept the needs of the armed forces for nursing service before the nursing profession by means of its monthly magazine, the American Journal of Nursing, which has a circulation of 78,000, and a monthly bulletin Professional Nursing, going to 30,000 busy medical, hospital, and nursing executives. It has provided innumerable leaflets and other materials for distribution by the local Procurement and Assignment Service committees. The association has also used its publications as media for coordinating information on nursing procured from the Federal and voluntary agencies.

As a result of the efforts which I have described, in the period between Pearl Harbor and through 1944, 81,145 registered professional nurses voluntarily and



without recourse to any draft were certified to the Army and Navy Nurse Corps by the Red Cross. A total of 53,267 assignments were reported to the Red Cross by the Army and the Navy in this same period. Over 10,000 have been separated from the services, chiefly for physical reasons and marriage. There are at present approximately 42,000 nurses serving the Army and approximately 9,000 the Navy.

Voluntary recruitment during 1944 was seriously hampered by the fact that between November 1943 and May 1944, the quotas called for were first raised, then sharply lowered, then raised again as described earlier, and raised again, I might add, since these hearings were opened. Such recruitment has further been hampered by the fact that civilian hospitals now have greatly increased numbers of patients, and that there are many more student nurses to be prepared than at any time in history.

A test survey in 1944 of hospitals in all geographic areas of this country indicated that the hospitals replying had an increase in average patient census in 1944 over 1940 of 29.6 percent.

Industrial casualties from Pearl Harbor to January 1, 1944, amounted to 37,600 American workers killed on the job, 7,500 more than the military dead for the same period. More than 200,000 workers were permanently disabled and 4,500,000 were temporarily disabled.

Sixty-five thousand student nurses were admitted to schools of nursing in this country in the year ending June 30, 1944; 60,000 student nurses is the goal for the year ending June 30, 1945. These young women are our future graduate nurses. It will not be possible to prepare them as nurses if the supply of nurse-teachers, supervisors, and administrators is further reduced. Indeed, in addition, we must be continuously preparing nurse-teachers, supervisors, and administrators.

I have tried to show you the deep concern of the American Nurses' Association and organized nursing that safe and adequate nursing care be provided our soldiers and sailors. I have tried also to show the feeling of responsibility which the American Nurses' Association and organized nursing has toward our civilian population.

It is the belief of the American Nurses' Association that the problem now presented may be dealt with by some Federal agency, adequately implemented with funds, personnel and authority, and a federally financed recruitment program promptly instituted—this program to be at least comparable in scope to those employed in the recruitment of WAC's and WAVES. The War Manpower Commission has in the past, together with the Red Cross Nursing Service, provided an effective mechanism for the selection of nurses for the armed forces on a voluntary basis and for the stabilization of civilian nursing services and we think it can do so in the future if properly strengthened.

If the committee does not agree that the plan I have just outlined can be put into immediate effect, then the only other suggested method of attacking the problem is through the medium of a draft. The association would accept a draft of nurses as a first step, but only as a first step, in a Selective Service Act for all women. This should be supplemented by a General Service Act in order that our drastically reduced civilian nursing service may be augmented by help from other groups of women.

Actually, we are faced with a fourfold problem:

1. The needs of the military.
2. The needs of veterans.
3. The needs of civilians; and
4. The need for educational and training programs, which are of two types:
  - (a) Basic to maintain a continuous supply of new graduate nurses, and
  - (b) Advanced to secure teachers, supervisors and administrators.

These phases of the problem are not separate, but are interrelated and interdependent. They do not affect nurses alone, but are vital to physicians, hospitals, industry, public health agencies, and indeed to the entire American people. We believe, therefore, that to be acceptable, legislation must treat the problem comprehensively. The two legislative measures now under consideration by the committee, standing alone, are designed to care for only one part of the problem, and are therefore incomplete.

Draft legislation should, as a minimum, provide for—

1. Commissioning of nurses.
2. Proper safeguards for nursing standards, including the restriction of induction to graduate registered professional nurses and to graduates of State accredited schools of nursing who are eligible for State examinations.

3. Prohibition against discrimination with respect to race, color, creed or sex.
4. Administration either wholly or in part through some Federal agency, such as the Procurement and Assignment Service of the War Manpower Commission, with proper provision for essential civilian requirements and the educational necessities of the profession, including deferments for teachers, supervisors, certain classes of graduate students and those in essential key positions.
5. Proper credit to the States for voluntary recruitments.
6. Power to grant deferments based on family relationship, with permission granted for voluntary enlistment.
7. A commissioned nurse corps for the Veterans' Administration, with the same provisions applicable to this corps as are applied to the military.
8. Limited service for all women.

### AMERICAN NURSES' ASSOCIATION

#### REGISTERED MEN NURSES

According to 1940 United States Population Census, there are 8,169 men nurses (graduates and students) in the United States. On the basis of figures reported in a study of registered men nurses in the United States, conducted by the American Nurses' Association as of January 1943, the number of registered men nurses serving in the armed forces was between 2,000 and 2,500.

The registered men nurses at present in the armed forces are not being used advantageously as they are not given an opportunity to assume duties and responsibilities consonant with their professional training as nurses.

Under the regulations of the Army and the Navy, the Army Nurse Corps and the Navy Nurse Corps are confined to registered women nurses so that a registered man nurse on induction into the armed forces has no official status as a registered nurse. He is lost among the total personnel of the armed forces and frequently is assigned to duties that have no relation to the practice of nursing.

Instances can be cited of registered men nurses receiving elementary medical training when they were already thoroughly grounded in such training through their preparation for nursing.

Furthermore, when a registered man nurse is commissioned as an officer, it usually is in a field outside that of nursing.

If recognition were given to the registered man nurse and if he were commissioned as an officer in the field of nursing, he would be of great value and use in the armed forces.

At present with the great need for registered nurses in the armed forces, it would seem imperative to make the fullest and most advantageous use of the 2,000 or more registered men nurses in the armed forces in the field for which they are trained, that is, nursing.

Registered men nurses would be of particular value in caring for men patients in certain fields of nursing, such as psychiatry. They also could be used in teaching and supervising enlisted men assigned to the care of the injured and sick servicemen.

Following are statements of two authorities regarding the need for utilizing the services of men nurses in caring for men patients:

"Dr. Thomas Parran, Surgeon General, United States Public Health Service: We recognize the need for men nurses in psychiatric institutions and for genitourinary nursing for male patients."<sup>1</sup>

"Dr. Edward A. Strecker, former president of the American Psychiatric Association: 'Nowhere is the need for well-trained men nurses more pressing than in dealing with psychiatric war casualties in veterans' hospitals. Serious as the situation is now it will undoubtedly grow to greater proportions than anyone is yet ready to handle. Only if a large number of men nurses become available for work with psychiatric patients can we hope for maximum results in restoring many of our veterans to normal living.'"<sup>1a</sup>

During the post-war period many problems relating to care of war veterans will arise. Men nurses who have had an opportunity to develop as leaders and teachers during the period of the war will be of great service in helping to meet these problems.

The leaders and teachers among registered men nurses for the post-war period will have to come from the present number of registered men nurses and not from

<sup>1</sup> Bulletin, National Nursing Council for War Service, Inc., October 19, 1944.

<sup>1a</sup> Bulletin, National Nursing Council for War Service, Inc., October 18, 1944.



those at present preparing to be nurses as there has been a great decrease in the number of men students in schools of nursing.

In 1939 a total of 78 schools of nursing, which admitted men students, reported 725 men students.<sup>2</sup> In 1944, 69 of the 78 schools reported only 169 men students.<sup>3</sup> The other 9 of the 78 schools reported having no men students. The 169 students reported for 1944 represents a decrease of 77 percent from the number of men students in 1939. Furthermore, these 69 schools reported they expected to admit only 12 men students in the spring of 1944.

This large decrease in the number of men students and the further loss of the male teaching personnel has seriously affected the nursing service of hospitals having schools of nursing which admit men students.

It would now require at least 2 years, if sufficient suitable men applicants were available for the schools of nursing, to bring the enrollment of students and nursing service back to a satisfactory level.

## EXHIBIT B

### AMERICAN NURSES' ASSOCIATION

Attached hereto are amendments to H. R. 2277, which amendments have been prepared under the sponsorship of the American Nurses' Association. These amendments are not intended to indicate that the association approves or supports H. R. 2277 but are designed solely to remove certain specific objections to the bill as it now stands.

The attitude of the association is comprehensively set forth in the statement by Miss Katharine J. Densford, registered nurse, president of the association, before the House Committee on Military Affairs on February 9, 1945. That statement remains the official policy of the association.

Section 1 of H. R. 2277 should be amended to read as follows:

"(a) The Congress hereby declares that it is imperative, for the successful prosecution of the war, to increase the personnel of the armed forces of the United States by the selection and induction of women for limited service.

"(b) The Congress further declares that it is imperative, for the successful prosecution of the war, to provide for the compulsory service of men and women in civilian industry, agriculture, and other occupations which are necessary to the prosecution of the war or constitute essential civilian activities.

"(c) The Congress further declares that, as a first step in the selection and induction of women into the armed forces of the United States and in order to provide adequate nursing care for such armed forces, it is necessary to increase the personnel of such armed forces by the selection and induction of trained and qualified graduate and professional nurses."

Section 2 (a) of H. R. 2277 should be amended to read as follows:

"SEC. 2 (a). Every female residing in the United States who, on the day or days fixed for the first or any subsequent registration under this Act, has reached the twentieth anniversary of her birth but has not reached the forty-fifth anniversary of her birth and (1) who has been, or on such day or days is, a graduate registered, professional nurse in any State, Territory or possession of the United States or in the District of Columbia, or (2) who on such day or days is (a) a graduate of a State-accredited school of nursing and (b) eligible to apply for examination for registration as a graduate registered, professional nurse in the jurisdiction in which such school is situated or in which she resides, is hereby made subject to registration and selection for and induction into the land and naval forces of the United States under the Selective Training and Service Act of 1940, as amended. As used in this Act, the term 'graduate registered, professional nurse' shall be deemed to include the following designations which are in official usage and are protected by law in the various States, Territories, possessions, and the District of Columbia: Registered nurse, graduate nurse, trained nurse, certified nurse, licensed nurse, professional nurse; except as provided in this Act, and except as may be provided in regulations issued pursuant to this Act, such registration, selection, and induction (including the classification and deferment of such females) shall proceed in accordance with the same procedures and be subject to the same

<sup>2</sup> Report of National League of Nursing Education, November 1943.

<sup>3</sup> Report of National League of Nursing Education, February 1944.

exemptions, rights, penalties, and obligations provided for male registrants by said Act and regulations thereunder."

NOTE.—At the meetings of the American Nurses' Association board of directors and conference of members of the advisory council of the American Nurses' Association and State executive and elected secretaries held in Washington, D. C., March 7-8, 1945, it was voted to delete reference to a "graduate of a State accredited school of nursing and eligible to apply for examination for registration as a graduate, registered, professional nurse" and to include only graduate, registered, professional nurses.

Subdivision (a) of section 2 of H. R. 2277 should be amended by adding at the end thereof the following language:

"Quotas of nurses to be inducted for service under this Act shall be determined for each State, Territory, and the District of Columbia, and for subdivisions thereof, on the basis of the actual number of nurses in the several States, Territories, and the District of Columbia, and the subdivisions thereof, who are liable for such service but who are not deferred after classification, except that credits shall be given in fixing such quotas for residents of such subdivisions who are in the land and naval forces of the United States on the date fixed for determining such quotas. After such quotas are fixed, credits shall be given in filling such quotas for residents of such subdivisions who subsequently become members of such forces. Until the actual numbers necessary for determining the quotas are known, the quotas may be based on estimates, and subsequent adjustments therein shall be made when such actual numbers are known. All computations under this subsection shall be made in accordance with such rules and regulations as the President may prescribe."

H. R. 2277 should be amended by the deletion of subdivision (b) of section 2 and the last sentence of paragraph (1) of subsection (c) of section 2. These sections provide for the preferential induction of graduates of the United States Cadet Nurse Corps.

H. R. 2277 should be amended by the deletion of the words "Procurement and Assignment Service" in section 2, subsection (c), paragraph (1) (p. 3, lines 10 and 11), and the substitution therefor of the following language: "Nursing Division of the Procurement and Assignment Service of the War Manpower Commission."

Section 3 of H. R. 2277 should be amended by the addition of the following language:

"Each person accepted by and inducted into the armed forces of the United States under the provisions of this Act shall, if inducted into the Army of the United States, be commissioned in the Army of the United States at a grade not lower than that of second lieutenant, and if inducted into the United States Navy shall be commissioned in the United States Naval Reserve (or appointed to a relative rank in the Navy Nurse Corps) at a grade not lower than that of ensign."

Section 4 of H. R. 2277 should be amended by adding at the end of the second sentence thereof the words "other than nurses" and by inserting between the second and third sentences thereof the following clause: "Provided, That in the selection, induction, and commissioning of persons under this Act and in the interpretation and execution of the provisions of this Act there shall be no discrimination against any person on account of race, color, creed, or sex".

Section 4 of H. R. 2277 should be amended by the addition of the following language at the end of said section:

"The President is hereby authorized and directed immediately to provide for the expansion and implementation of the existing program for the voluntary recruitment of graduate, registered, professional nurses into the Army of the United States and the United States Navy. Such program shall be comparable in scope and magnitude to those heretofore employed in the recruitment of members of the Women's Army Corps and of the United States Navy Women's Reserve (Women Accepted for Voluntary Emergency Service); and \$ \_\_\_\_\_ are hereby appropriated for the purposes of such program. Pending the completion of such program, the remainder of this Act shall be suspended, unless and until the President shall determine, upon certification by the Secretary of War or the Secretary of the Navy, that the needs of the armed forces cannot be satisfactorily met by such program of voluntary recruitment."



The CHAIRMAN. Miss Dempsey, please.

**STATEMENT OF MISS CATHERINE DEMPSEY, PRESIDENT, AMERICAN ASSOCIATION OF INDUSTRIAL NURSES**

The CHAIRMAN. For the record, Miss Dempsey, will you state your name and address, and what you wish to appear in the record about whom you represent?

Miss DEMPSEY. I am Catherine R. Dempsey of Cambridge, and I am president of the American Association of Industrial Nurses.

The CHAIRMAN. Now, just what is an industrial nurse? One that is industrious?

Miss DEMPSEY. In one sense of the word; yes. The industrial nurses have to be industrious today. But an industrial nurse is a graduate registered professional nurse engaged in caring for the health of workers. We speak of the term "industry" today as being more or less elastic. In addition to our heavy plants, we also have nurses in banks, stores, and office buildings, but for want of a better name we still call the nurses doing this type of work industrial nurses.

The CHAIRMAN. That is the nurse that takes care of the welfare of the workers, like a school nurse?

Miss DEMPSEY. That is true.

The CHAIRMAN. And in institutions, I suppose, in general.

Miss DEMPSEY. Yes.

The CHAIRMAN. You would even fix up the board of directors' room, would you not?

Miss DEMPSEY. That is true.

The CHAIRMAN. If it were not properly ventilated.

Miss DEMPSEY. Yes.

The CHAIRMAN. I wish you would get into a lot of places that I know of.

Miss DEMPSEY. The hygiene, the conditions under which workers work, while it is actually not the work of the nurse, she does assist and recommends, to the people whose work it is to look out for these things, that proper steps be taken so that workers, the board of directors, as you say, work under and have proper working conditions, properly ventilated and properly lighted.

The CHAIRMAN. Such a nurse takes special training for her work, does she not, something that corresponds to hygiene training in a classroom?

Miss DEMPSEY. Yes. We feel now that industrial nursing is recognized as a distinct branch of the nursing profession, that it does take adequate and extra preparation to be a good industrial nurse. Up until recently there have not been too many opportunities for this to happen.

There is one recommendation which the American Association of Industrial Nurses is making through our committee on education. We have committees working with universities and colleges throughout the country recommending that some form of study be set up for nurses in industry. Until this time it has been felt that any nurse having a public health course was qualified for industry. Public health work is just one function of the nurse in industry. She also has many other duties which are equally important.

The CHAIRMAN. You work with the personnel department to a great extent, do you not?

Miss DEMPSEY. We do.

The CHAIRMAN. You take care of the general welfare of the worker?

Miss DEMPSEY. Yes. We find that nurses and physicians as well, in industry, work much better if they work directly under shop management, somebody who has authority to approve, that could say what should be and can be done.

The CHAIRMAN. You may proceed.

Miss DEMPSEY. Mr. Chairman and members of the Senate Military Affairs Committee, I beg your indulgence as I briefly identify the industrial nurse and her national professional association.

The industrial nurse started out more than 50 years ago as a first-aid agent to care for workers already injured. In the last two decades her duties have been greatly expanded by the social and health legislation for workers. Today management and health workers recognize her indispensability within industry in the promotion of health and safety, in the prevention of accident and illness, and in the care of the sick and injured.

The war has greatly accentuated this awareness. Today there are more than 12,000 industrial nurses engaged in worker protection. The emergence of this work as a distinct branch of nursing brought about the organization of the American Association of Industrial Nurses. This association had as its nucleus local clubs organized as early as 1915.

It is the national body for industrial nurses. Its members are all registered, professional nurses. Its standards are on a par with those of other national, professional nursing bodies. Though but 3 years old, it is expanding rapidly both in membership and activities.

The very nature of industrial nursing brings its practitioners close to the war. Many of our nurses are in shipyards, steel mills, munitions and airplane plants. As the products of our shops pour out to implement our military forces, a strong bond of common purpose is welded between worker and soldier.

The concern of industrial nurses in the welfare of our military men, therefore, is strong and realistic. They know there is only one thing to do for an injured man—that is to help him with all the skill and resources that can be summoned. Hence, I speak for all industrial nurses in assuring you of our complete unity with you in the desire to bring all needed nursing care to the aid of our wounded military men.

We deem it necessary, however, to ask your consideration of several points in connection with the proposed draft of nurses. We believe that a major shifting of nurse power cannot be safely achieved unless we know precisely the size and nature of our nursing stock pile. Every good manager knows, through inventory, the exact danger point in drawing on his reserve. Nursing is too essential a commodity, at home and at war, to permit of guesswork in the spread of its supply. Our emergency is too huge.

The estimate of 221,000 nurses in our national stock pile is impressive. So, too, is the statement that 42,000 of these are class I-A eligible for military service. When this supply is sifted, however, by the hard realities of physical examination, marital and motherhood status, and similar tests, these figures tend to lose value.



By no means are all the 221,000 nurses available for actual nursing. Many are too old; many physically unfit. Many are needed in administrative, teaching, operating and supply room, clinic, and similar activities. Of the 42,000 nurses classed as I-A, Basil O'Connor, director of the American Red Cross, stated that a revaluation left a probable 15,000 as eligible for military service.

Therefore, it is our fixed opinion that a mandatory census of nurses is an utterly essential first step in a move involving a major shift in nursing power.

The second essential step is, in our opinion, a consideration of our over-all nursing needs both at home and abroad, with control in both areas. The two fronts are actually inseparable. A soldier's family, as well as the man himself, must be assured of care. An uncontrolled nursing residue at home can readily become concentrated in areas of power—with health disaster as a constant threat.

Few realize how great are the routine demands on nursing right here at home. In industry for example, our worker population jumped from 38,240,000 in 1940 to 50,570,000 in 1944—this includes agricultural workers. Of these fifty millions, 17,250,000 are women. Many of these workers are over-age, handicapped, and new to shop life. Despite the faithful work of industrial nurses, industrial illness, injuries, and deaths, still reach appalling heights. In the third quarter of 1944 there was a 37 percent increase in absentee illness over the same period rate for a decade before.

In the 2 years following Pearl Harbor there were 37,600 industrial deaths. A marked disturbance of the nurse power in this area without planning and control could be very serious indeed.

This is equally true in other areas. Our very remarkable freedom from devastating epidemics, so often a concomitant of war, can in part, be attributed to the work of our public-health nurses whose ranks are already seriously depleted.

The CHAIRMAN. May I break in there for a minute? This is for the purpose of getting some information. It will help us in other things that we are doing.

Does an industrial nurse in the personnel organization in a big industry card index the employees and keep track of the absentees, whether it is because of sickness, and so on, so we can find out what the cause of an increase in absenteeism is some institutions is?

Miss DEMPSEY. Yes; I think in many of our industries worker health is guarded by preplacement physical examination, by periodic examinations, where workers clear through the medical department on 1 day's absence or more. That varies with the policy of the company, but in many companies there is a complete record of the cause of absenteeism. It might not be true in every industry but it can be found in many.

The CHAIRMAN. Do you know of any studies being made now on increased absenteeism, whether there are clinical studies or not?

Miss DEMPSEY. I do not know of any recently. I think about 4 years ago the United States Public Health Service made a study in many industries. I have never seen a report of that. I happen to know, because the company with whom I am connected, was one company having records of absenteeism, the causes for absenteeism.

The CHAIRMAN. Have you done that somewhat in your company?

Miss DEMPSEY. We do in our monthly reports and yearly reports, we try to estimate. We have three times as much absenteeism from causes other than occupational reasons.

The CHAIRMAN. What are those causes? Drunkenness, for example?

Miss DEMPSEY. Not too much; no. For instance, there are very few women in industry today whose job in industry is their only job. Most of them have another 6 or 8 hours, if not more, work at home. That causes some illnesses. I think workers are working long hours, they have many strains, and they are getting more money than they have gotten before, and it perhaps does not hurt their pocketbook quite so much to take a day to rest. But I have no figures here on that.

The CHAIRMAN. That would affect many of the bills that are before us.

Miss DEMPSEY. Yes. Our civilian hospitals with almost one and a quarter million beds and an unprecedented bed occupancy, are already operating with skeleton nursing staffs. These and other routine needs of our civilians, are a part of the whole scene that must be brought under control.

Thus we believe that a grasp and control of the entire nursing-needs situation is essential. Civilian health cannot be left to the hazards of chance, especially if 16,000 additional nurses are to join the fifty-odd thousands already drained off.

The third step that we believe to be essential is a national-service act, which, among other things, would provide the adequate and free-flowing pool of supplementary aid nurses must have. We are prone to believe that the nursing load, both civilian and military, has already reached a point beyond the capacity of our present nursing supply. It must be remembered that before the war we had no marked unemployment among nurses. Now, in addition to a marked increase in civilian hospital-bed occupancy, we have over one-half million military patients.

It is true that new nurses are being made, but even with the shortened course, it takes 2½ years to make a nurse. And it is equally true that older nurses are wearing out. Nursing is not a desk job, and the strain of war is heavy. In our opinion, it is an anomaly to draft nurses and to leave the matter of their aides to the volunteer method. Our womanpower has already been heavily drained by industry and the armed forces. We believe that the failure to conscript women now can only be a postponement, and that lives can be saved in realizing this fact.

Mr. Chairman, I wish to thank you for the privilege of presenting this testimony to the Senate Military Affairs Committee.

The CHAIRMAN. Thank you for coming before us. We appreciate your testimony.

Dr. Donald Smelzer, please.

#### STATEMENT OF DR. DONALD C. SMELZER, PRESIDENT, AMERICAN HOSPITAL ASSOCIATION

The CHAIRMAN. For the record, Doctor, will you make whatever statement you want to make?

Dr. SMELZER. For the record, my name is Dr. Donald C. Smelzer. I am president of the American Hospital Association, and managing



director of the Germantown Dispensary and Hospital of Philadelphia, Pa.

As president of the American Hospital Association, I represent the major number of non-Federal hospitals in the United States. Our chief concern at the moment is that there be an adequate supply of graduate nurses to meet the need of the armed forces, and therefore we are in favor of Federal legislation to make this possible promptly and in full. In addition, however, we sincerely feel that at the same time an orderly program can be developed and incorporated in this legislation, whereby nurses selected may come from those now engaged in nonessential nursing activities; and still further, that there may be some authority empowered or created by this law which will channel remaining nurses into essential civilian nursing duties, so that the nursing service in our civilian hospitals, training schools for nurses, and necessary public-health activities may be maintained at a minimum level consistent with safety. In this connection we respectfully urge the registration of all nurses up to the age of 65, and that the law include all eligible married nurses without children as subject to induction into the Army and Navy Nurse Corps, or made subject to assignment to essential civilian services.

The committee must realize that to date the distribution of graduate nurses has been on a catch-as-catch-can basis. There are parts of the country which have been almost depleted, while in other areas the supply has been only slightly curtailed. Therefore individual instances cannot be taken as a true measure of conditions as a whole. We know from information reaching our office, as a result of a letter sent to our entire institutional membership, that there are many hospitals which will have to close down additional beds and further curtail essential out-patient service unless some plan is developed by legislation which authorizes the equitable distribution of remaining nurse resources to essential civilian needs. In fact there are several hospitals that have been forced to close their doors because an adequate number of nurses has not been available to carry on within the bounds of safety.

The CHAIRMAN. Where are those hospitals?

Dr. SMELZER. The Kensington Hospital for Women in Philadelphia closed about 4 years ago, and a tuberculosis hospital in Connecticut. The third one I have on my list and I have forgotten the name. That is the fact. We can provide those names if you want them.

I should also like to emphasize the fact that over 1,300 civilian hospitals are engaged in the training of nurses. A minimum nursing staff must be maintained to teach the student nurses in the classroom as well as supervise their clinical training in the in-patient facilities of the hospital. Depletion of graduate nursing personnel in these hospitals will seriously interfere with the number of nurses to be graduated in the immediate future.

Civilian hospitals have played an important part in the war effort. Service rendered to war workers and the families of the men in our armed forces has been a big factor in keeping up the morale of those at home and abroad.

In closing I wish to emphasize again that the American Hospital Association is in favor of and urges enactment of Federal legislation which will lead to a speedy procurement of nurses for the Army and Navy, and at the same time create the necessary authority for a more orderly distribution of nurses between the military services and essential civilian requirements.

That completes my prepared testimony.

The CHAIRMAN. Thank you, Doctor.

Miss Ramsay, please.

#### STATEMENT OF MISS LEAH RAMSAY, REGISTERED NURSE

Miss RAMSAY. Chairman Thomas, and members of the Senate Military Affairs Committee, I am representing myself and perhaps a good many others like me. The reason I am here is because I am very anxious to get into the Army, and I have not been able to do so because of the age limitation. I would like to say this, that the WAC's and the WAVES are welcomed into the armed service up to the age of 50, but not the trained nurse. There is a cry to draft nurses, when thousands of experienced, capable nurses would gladly enlist were it not for the most illogical regulation that will accept the unskilled and untrained women in the WAC's or the WAVES up to the age of 50 and turn away already skilled, experienced nurses of comparable age. I do not think that it makes sense, that the WAC is accepted and the untrained are assigned to hospitals, but the skilled nurse of comparable age is not wanted.

We do not feel a draft of nurses is needed. That is my story, that I am very anxious to serve in the armed services, and I feel there is a great deal of discrimination against the nurse because of her age. It would seem to me that when the WAC's and WAVES are allowed to get into the service, that certainly when they need nurses so badly the nurse also could have the same age limitation.

The CHAIRMAN. Your suggestion is that the Army change its regulations.

Miss RAMSAY. That is my suggestion.

The CHAIRMAN. Well, there are a whole lot of us that have been kind of sore about this age business for some time, even a little bit longer than you have.

Miss RAMSAY. But it seems illogical that they will take women in the WAC's and WAVES and not the trained nurses, when they need nurses so much more desperately than they do the WAC's and WAVES. I did not come in on crutches, and I think I have had one of the best educational backgrounds, a training school, the second best in this country, 3 years at the University of Michigan. There is need for nurses in the Army and Navy for instructors, and certainly an experienced nurse would be more qualified to teach corps boys than a young nurse that just started training.

The CHAIRMAN. You made a good point. Now, if you could convince the Army, everything would be all right.

Miss RAMSAY. I would like to leave some of that pressure to you.

The CHAIRMAN. Thank you.

Mrs. Johnson, please.



**STATEMENT OF MRS. THOMASINA WALKER JOHNSON, LEGISLATIVE REPRESENTATIVE, NATIONAL NON-PARTISAN COUNCIL ON PUBLIC AFFAIRS**

The CHAIRMAN. You may state your name and what you represent, please.

Mrs. JOHNSON. Yes, Senator.

Mr. Chairman and gentlemen, I am Mrs. Thomasina Walker Johnson, legislative representative, National Non-Partisan Council on Public Affairs of Alpha Kappa Alpha Sorority, with offices at 961 Florida Avenue NW., Washington, D. C. This is an organization composed of 163 chapters in 46 States with a total membership of some 6,000. Our membership is significant because most of the women might well be considered leaders; they are all college, university, or above in training. Most of them are professional women such as professional nurses—some of the most highly educated Negro nurses in America belong to this organization—physicians, social workers, musicians, and so forth.

Our organization maintains and supports the National Non-Partisan Council on Public Affairs for the sole purpose of presenting our collective thinking and that of our communities on legislation, administration of public agencies and public affairs of all kinds.

We should like to present testimony from the point of view of American women citizens.

Gentlemen, American women will risk their lives for the good and welfare of American soldiers, if need be, if only the facts are present to them. American women do not want to have the charge made against them that they have failed the American men in the armed forces, and indeed America itself, by the passage of this legislation. We do not believe that a draft of nurses, or any other civilian, for that matter, is necessary in order to adequately support the war in which we are now engaged.

The nurse's situation is not composed of the problem of "adequate medical care for the armed forces" alone, as important as that phase is. The other problems involved are adequate civilian nursing care, adequate nursing care for veterans, and the problem of keeping a sufficient number of nurses in training, teaching, and supervision of nurses in training of future nurses. We do not believe that this problem should be solved piecemeal. We would heartily recommend that in the event legislation is passed, any legislation that might be written for the solution of our nursing problems, it would include each of these phases.

According to the testimonies that have been presented to this committee to date, it has not been proved necessary to draft nurses. With the present ceiling of 60,000 nurses, as new as it is; with 43,000 nurses already in the Army; with approximately 10,000 applications in the process of being classified, and a time limit of June 30, we do not believe that a draft is necessary. It seems odd that there was a ceiling of 50,000 nurses as of January 6 and that there were 43,000 nurses already in the Army which meant an established need of only 7,000 nurses at that time, that a request for the drafting of nurses

would be made. Even with a ceiling of 60,000 it is difficult to believe it would have been necessary.

In the WAC's WAVES, SPARS, and Marines—military services that are relatively new for women—it has been possible to meet quotas on a voluntary basis. This has been possible because of the intensive recruitment drives that have been executed. No comparable recruitment program has been carried on in relationship to the nurses.

We do not believe that it is an honor to be drafted as a nurse as has been pointed out in this testimony. We do believe that it is an honor to serve one's country in this capacity and an honor to do so on a voluntary basis. We believe that this is class legislation and as such is discriminatory and unconstitutional. We are finding a growing apprehension in many sections concerning the unconstitutional effort on the part of the military to get control of civilian life by class legislation piecemeal. We are in accord with the idea that the military have done a grand job and should have complete charge of the armed forces but should have nothing to do with civilian activities. Gentlemen, if there is to be a drafting of nurses or a draft of any civilians, we are unalterably opposed to the administration of such legislation being put in the hands of the military.

The CHAIRMAN. Wait a minute, Mrs. Johnson. The registration would be in the hands of the Selective Service, would it not, and not in the military?

Mrs. JOHNSON. We consider the Selective Service part of the military.

The CHAIRMAN. You do?

Mrs. JOHNSON. Yes; as against the War Manpower Commission as being a civilian authority. Our position was that the War Manpower Commission should handle the selection rather than the Selective Service.

The CHAIRMAN. I see.

Mrs. JOHNSON. An indication of the military's inability to handle civilian activities is the tremendous amount of surplus commodities now on hand which is a waste of manpower, machinery, and material. Surplus commodities at this moment amount to billions of dollars. This is further indicated by the fluctuations in the nurses' ceiling.

We believe that a regulation of the nursing situation is necessary. We believe that the War Manpower Procurement and Assignment with authority to enforce its findings in cooperation with the National Nursing Associations and the American Red Cross plus a planned recruiting program would get more than enough nurses. We also believe that inasmuch as the ceiling of 60,000 nurses is not needed until June 30, that the voluntary method could and should be tried.

The Army has not used the available nurses. There are at least 2,000 eligible and qualified Negro nurses who are eager to serve and only 330 have been called. There are a great number of male nurses who are ready, willing, and able to serve but who have been refused. Certainly until such time as the Army is compelled to use the available qualified nurses, we would be opposed to a draft.

There have been other things that have happened to nurses that have not been brought out in these hearings for which the military



might take some action. Many nurses have gone into the military service with much zeal and enthusiasm. Nurses in the military must be placed where they may be needed to be on hand at a given moment in the future, that is, they are placed on bivouac, as it were. Not enough has been done by way of constantly reminding these nurses that this is the case. Many have written back home to say "Don't join up with the military. I joined up to serve and I am doing nothing. You are much better off where you are." Something should be done by the military to explain constantly to these nurses, who are not busy, what the situation is.

We are in hearty support of the military needs being met but we believe that in many matters relating to needs of various and sundry kinds they have certainly not proved infallible. We have asked before for an investigation of the military for not utilizing available persons, particularly the use of Negroes—thousands of Negroes are not used at their highest skill by the military; very small proportions are still being used in combat duty; Negro nurses are being used in the Army in very small numbers and until a few days ago not at all in the Navy; until now there is one Negro nurse in the Navy; only very recently were Negro women allowed in the WAVES and SPARS; none are allowed in the Marines yet; hundreds of Negro boys who would make excellent aviators are digging ditches. If a group of people—and surely the military are people—will discriminate and make mistakes so grave as this, they are by the law of averages making others for which we are all paying. One of the dangers of discrimination is that it knows no bounds. It is thoroughly understood that no one can foresee how many persons will be wounded in any given situation and that the number might fluctuate, but this is certainly no excuse for putting more power over citizens under military rule.

Concerning the need for adequate civilian nursing, which is certainly a part of the total picture of nursing, one cannot urge too strongly that the Selective Service not be allowed to administer this phase. Strengthening of the War Manpower Commission, Office of Nursing Procurement and Assignment, in cooperation with the National Nursing Associations and the American Red Cross can and should do this job.

Concerning the Veterans' Administration need for nurses, it is certainly not to be wished that the veterans suffer for lack of nursing care through the maladministration of the Veterans' Administration. However, there has been such flagrant discriminations against both Negro patients and against Negro citizens who wished to serve in the Veterans' Administration that there again one wonders in what other capacities there has been such gross injustices and maladministration. This is so grave that we would like to ask a congressional investigation of the Veterans' Administration. Negro doctors are not allowed to serve in any one of the 93 hospitals under the jurisdiction of the Veterans' Administration except Tuskegee. Negro nurses are allowed to nurse in four: Tuskegee, Oteen, N. C., Waco, Tex., and Keesoughtan, Va. We have been unalterably opposed to the erection of any other all-Negro hospitals for Negroes for many reasons, yet General Hines in recent testimony says that he plans to build other all-Negro hospitals. We were interested to note from Colonel Ijams' testimony that General Hines had had some conference on this matter with some groups.

We were one of the groups and the conference was most unsatisfactory. General Hines speaks in glowing terms of Tuskegee and its excellence but fails to say that this is 1 hospital in 93 where Negro physicians may serve veterans to say nothing of the injustice of segregating persons who have offered their very life for the four freedoms, justice, equality, and for their country.

It was interesting to note too, that Colonel Ijams stated that very few of the Cadet nurses who finish their training in the veterans' hospitals remain there. Negro nurses do not get the opportunity to stay. Tuskegee is the only Veterans' Administration where Cadet nurses are allowed to finish training. I understand in the last couple of weeks they are allowed in the hospital at Fort Devens, which makes two of the veterans' hospitals. In spite of the shortage being 1,000 in Veterans' Administration hospitals, no Negro nurse need apply except for Tuskegee, Oteen, N. C., Waco, Tex., and Kecoughtan, Va. It was also interesting to note from Colonel Ijams' testimony that they had tried every possible source. There are 2,000 Negro nurses available, but he has not tried them; this does not include Negro Nurse Cadets. Until such time as the Veterans' Administration is investigated, as would certainly seem to be needed on many scores if recent investigations by one of the leading dailies are to any degree true and necessary corrections made, it will prove futile and serve no worth-while purpose to add compulsion to the already existing condition. We do agree wholeheartedly with the Veterans' Administration that nurses serving in the Veterans' Administration in war or or in peace should be commissioned the same as are the physicians in the veterans' hospitals. We heartily recommend that his committee take necessary action to correct this injustice. We also believe that the salaries of nurses are a problem in the Veterans' Administration hospitals which commissioning would correct.

Since many of our members are teachers or supervisors of student nurses, we are vitally interested that the training programs that will be so much needed for veterans, for civilians in the post-war world—for we do envisage a brighter, better post-war world in which there will be a floor put on health needs and in which there will be health services and health facilities for all and perhaps some to spare for our world neighbors—we are vitally interested that the training programs that will be so much needed for veterans, for civilians in the post-war world will not be curtailed.

It has been gratifying to see this very excellent committee of some of the finest minds in America trying so earnestly, so sincerely, so fairly, and justly to solve this problem for the best interests of America, American men, our nurses, and our civilians.

Gentlemen, we sincerely hope that you will eventually determine that it is unnecessary to draft nurses. However, in the event that there is to be a draft of nurses there must be antidiscrimination provisions and those already provided must remain in this legislation.

In the event that a new bill is drafted by the Senate committee, we would earnestly request that in the statement of policy and purpose of the legislation it include the fact that "adequate nursing care and medical care must be provided for the armed forces of the United States and it is imperative to secure immediately the services of additional trained and skilled nurses without discrimination or segre-



gation because of race, color, creed, or sex." Further, in any section or sections where the selection, induction, and administrations are outlined that it be followed by the phrase "without discrimination because of race, creed, color, or sex."

The CHAIRMAN. The amendment in the House bill in regard to discrimination is all right?

Mrs. JOHNSON. Yes; it is all right, Mr. Chairman.

The CHAIRMAN. Thank you, Mrs. Johnson.

This hearing will stand in recess until Monday morning at 10 o'clock.

(Whereupon, at 11:30 a. m., a recess was taken until 10 a. m., Monday, March 26, 1945.)

# NURSES FOR THE ARMED FORCES

MONDAY, MARCH 26, 1945

UNITED STATES SENATE,  
COMMITTEE ON MILITARY AFFAIRS,  
*Washington, D. C.*

The committee met, pursuant to adjournment, at 10 a. m., in room 242, Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas (chairman) and Maybank.

The CHAIRMAN. The committee will please come to order.

Mrs. Rogers, for the record, will you make your statement as you want it to appear, please.

## STATEMENT OF HON. EDITH NOURSE ROGERS, HOUSE OF REPRESENTATIVES

Mrs. ROGERS. I am going to speak briefly on the provision of the bill that has to do with the nurses for the Veterans' Administration.

I have felt for a long time that the only solution of the nursing problem in the Veterans' Administration is a permanent medical corps, which includes, of course, a permanent nurses corps. The greatest need at the present time is a permanent corps for the nurses in the Veterans' Administration. They are about 850 nurses short as of today, and they are asking for 1,000 nurses by the 1st of July, and 2,000 during the following year. In fact, our World War Veterans Committee was told on Saturday that there were wards in hospitals that they could not open because of the shortage of nurses.

I have a statement here which I would like to read into the record as to the number of patients and nurses for patients.

(The statement is as follows:)

### INFORMATION ON NURSING ACTIVITIES, VETERANS' ADMINISTRATION

REVISED ESTIMATES OF NURSING NEEDS AS OF JUNE 30, 1945 AND JANUARY 1, 1947

Based upon the present schedule of additional Facilities coming into operation, training needs and staffing for emergency expansion:

June 30, 1945, 1,000. This figure does not contemplate losses by resignation, which represents positions to be filled, this loss presently approximating 100 per month.

January 1, 1947, 3,000 additional. This figure does not contemplate losses by resignations and other reasons, which losses presently approximate 100 per month.

These estimated needs do not include present vacancies which total approximately 800 as of November 30, 1944.

Senior cadet nurses are assigned in 34 hospitals. As of March 15, 1945, 769 senior cadet nurses have been assigned.

The present ratio of nurses to patients is 1 to 7.7 in general medical hospitals. The minimum standard ratio is 1 to 6.5 to 1 to 7, depending on the size of the



hospital. The present ratio in tuberculosis hospitals is 1 to 8.68, while the minimum standard is from 1 to 6.5 to 1 to 7, depending on the size of the hospital. The present ratio in neuropsychiatric hospitals is 1 to 35.18, while the minimum standard ratio is from 1 to 25 to 1 to 28, depending on the size of the hospital.

In the last 2 years the Veterans' Administration has appointed 2,657 nurses and 2,164 nurses have resigned.

Only graduate nurses who are registered may be employed, with the exception of those nurses who are graduates of recognized training schools but have not received their registration numbers.

The minimum educational qualifications for appointment as nurse to the Veterans' Administration are the same as those of the Army, Navy, United States Public Health Service, and private hospitals.

The physical requirements for nurses in the Veterans' Administration have been lowered.

Number of patients admitted between July 1, 1943, and June 30, 1944, 175,597; number of patients discharged during this period, 165,179; 5,019 authorized nurse positions; 838 vacancies as of January 1, 1945.

Even though the vacancies in the nursing positions would indicate that the situation is not too serious, it is desired to point out that the nurses we are presently employing are nurses over the age of 45 years. Many of them have not been active in institutional nursing for many years, and while they are willing and eager, they are unable to cover assignments as readily as a younger person or as someone who had been doing institutional nursing through the years.

Another point is the fact that the number of ward attendants has been greatly reduced. In this group we are also employing men and women over 45 years of age.

The Army has given the Veterans' Administration limited-service men, but this group is constantly changing, as 6 months is the longest period they may be assigned to the Veterans' Administration, since this is a special training program. New veterans' facilities are being opened from time to time which increase the patient load.

The nurses that have stayed in the Veterans' Administration and taken care of the patients deserve enormous credit. They have worked for less pay than they could have received if they went into Navy hospitals or civilian hospitals. They have taken that work because they wanted to help disabled veterans.

The CHAIRMAN. How greatly would it increase standards if the War Department assigned nurses to the veterans' hospitals, and the Navy Department assigned them?

Mrs. ROGERS. I think it would help those nurses who go in and are accepted by the Navy and the Army, but it wouldn't help the nurses that were not accepted. You would have a corps that would be divided. Some would be military and some would be under the civil service.

It is manifestly unfair today that the civil service gives the nursing profession a subprofessional rating.

The CHAIRMAN. Don't they receive even professional rating?

Mrs. ROGERS. Not professional rating.

The CHAIRMAN. Will it take legislation to correct that?

Mrs. ROGERS. Yes; it will take legislation. But that would not solve the difficulty. The nurses are entitled to the benefits of a permanent corps. They ought to be allowed insurance and all the benefits that the nurses in the Army and Navy have. It is the only way you are going to have an adequate corps to take care of our disabled.

So far as the drafting of nurses is concerned, nobody wants to draft the nurses. I don't think we have wanted to draft anybody, but you are faced with the fact that the nurses are not coming in as fast as

they must if we are going to take care of our men. The least, it seems to me, we can do is provide necessary care.

In the First World War I was overseas and visited and worked in hospitals. I worked steadily in an Army hospital from 1918 to 1922 and for three Presidents I covered the country inspecting hospitals in the care of our servicemen and the veterans. I was overseas last September and October and saw the remarkable work of the nurses there. Because they work so tirelessly, in every type of Army and Navy hospital in England, France, and Belgium, many lives were saved. You have mishaps in hospitals if you don't have enough nurses to watch the patients. A nurse is with the patient all the time and watches the slightest change. That is very true also of the care of the mentally sick. All the new and present drugs mean added care and watching of patients.

The CHAIRMAN. Would it take legislation to have the Nurses' Training Corps for the Veterans' Administration?

Mrs. ROGERS. Yes; it would take legislation. I introduced a bill to form a medical corps and want to form a nurses' corps immediately. This must be done in order to insure adequate care for our veterans. I introduced the first one in 1926. I feel there ought to be an amendment in this bill they have under discussion if you decide to draft them for the Veterans' Administration as General Hines suggested that would provide that they would be there pending the establishment of a permanent corps. You see, if you draft these nurses it would only be a temporary measure during the war, and the Veterans' Administration is going on after the war is over and will increase in size and in importance.

The CHAIRMAN. There would be no need of drafting if the corps were set up, as there would be plenty of students that would apply for instruction in your nursing schools.

Mr. ROGERS. I think that is true, Mr. Chairman, but they may not go into the Veterans' Administration. We must make sure that we have the adequate number of nurses to take care of the patients. It is a very unhappy thing, I think, for a soldier about to be discharged from the military service to feel that he won't get adequate care because of shortage of nurses in the Veterans' Administration. He then becomes the forgotten man. There are some 500 World War II spinal-cord cases in Veterans' Administration hospitals at present. They need special care.

The CHAIRMAN. Don't you think the educational program provides a large enough pool for all these activities when once it begins to graduate its full quota?

Mrs. ROGERS. I don't know how many will go into the military services. Up to the time the draft bill was introduced, I understand, they had not met their quota.

The CHAIRMAN. Well, they haven't graduated yet. You won't get the normal-graduates until 1946.

Mrs. ROGERS. You don't know how many will want to go into the Army and Navy and Veterans' Administration hospitals then. The need for nurses is now.

The CHAIRMAN. You are going to make your veterans' nurses school voluntary and you won't know how many will go there either, but since the girls who go into the Nurse Corps are being trained primarily



for Government service, excepting where it has been directed that they go in other directions to take care of civilian need, I am sure that as it works out there will be a supply of nurses for all of these.

Mrs. ROGERS. I felt very sorry that the Army and Navy did not want to have training schools. I understand the Navy did want to have the training school but gave it up because they were told the cadet corps would supply them with the nurses. If they had had their training schools they would have had the benefit of a good many nurses all the time.

The CHAIRMAN. As far as the Navy is concerned, they have more than they need now.

Mrs. ROGERS. But they would have been training them for the Army.

The CHAIRMAN. Of course, this nurse emergency is only 3 or 4 months old.

Mrs. ROGERS. I think anyone who has been overseas or who has visited our hospitals in the United States or anyone who has been following the figures, seeing the casualties, should have realized there would be a shortage. There has been a shortage in the Veterans' Administration for many months.

The CHAIRMAN. The plan for a separate nurses corps, I think that ought to be handled by the committees that deal with the educational and public health features. The expansion is probably greater than anticipated a year ago or a few years ago, and with different kinds of hospitals and different kinds of treatment—

Mrs. ROGERS (interposing). I have felt the Veterans' Administration was not building for this war but that they were building only for the peak load of World War I.

The CHAIRMAN. I am sure these things are pretty much in our minds, but you can't always determine exactly what you want. Maybe you can.

Mrs. ROGERS. I have been trying to get this corps bill for so many years.

The CHAIRMAN. It will be worked out, I am sure.

Mrs. ROGERS. They have done a marvelous job. No one knows better than I do now efficiently and tirelessly they have worked, and that is another reason I feel that new nurses ought to be coming in to relieve them.

May I read this into the record?

The CHAIRMAN. Yes.

Mrs. ROGERS. I suggest, Mr. Chairman, amendment to H. R. 2277, page 4, line 3, after the word "and" following the comma, insert "pending establishment of a Veterans' Administration Nurse Corps,";

Page 4, line 3, strike the word "no" and substitute therefor the word "any".

Page 4, line 5, strike the words "shall be".

Page 4, line 7, after the word "title" insert "shall be commissioned in the Army Nurse Corps and assigned to detached service with".

Page 4, line 7, strike the words "unless and until she has been released by".

Page 4, line 8, strike the words "Administrator of".

Page 4, line 8, strike the word "Affairs" and substitute therefor the word "Administration".

The CHAIRMAN. Thank you, Mrs. Rogers. We appreciate your coming.

**STATEMENT OF MRS. MILDRED SCOTT OLMSTED, WOMEN'S  
COMMITTEE TO OPPOSE CONSCRIPTION**

Mrs. OLMSTED. I am Mrs. Mildred Scott Olmsted, a social worker by profession and a member of the American Association of Social Workers. At present I am the director of the Women's Committee to Oppose Conscription. I am also the mother of three children. In my capacity of social worker I spent 3 years in a hospital. I also went overseas after the last war, under the Y. M. C. A., in canteen work with the soldiers, and remained to do work in the devastated areas of France under the American Red Cross and to extend the feeding of starving civilian populations under the American Relief Administration. I am a member of the Women's Overseas Service League and the American Legion Auxiliary.

I am here because our committee is so greatly troubled by the proposal to draft nurses which is now before you. This committee is not a permanent organization but a temporary committee which sprang into existence primarily among church women nearly two and a half years ago when the proposals first began to appear in the newspapers that Congress was being asked to draft women. The committee is under the joint chairmanship of three prominent church leaders; Dr. Georgia Harkness, of the Garrett Biblical Institute; Mrs. Allen Knight Chalmers, a member of the National Board of the Y. W. C. A. in New York; and Mrs. Alexander Stewart, the wife of a prominent Methodist minister in Chicago. Its membership consists of between four and five thousand women in every State in the country and in Alaska and Puerto Rico. These women are Catholic, Protestant, Jewish, they represent wealthy homes and poor homes and their husbands are farmers, laborers, professional people, in short those who make up the background of America. They have only one thing in common, their strong conviction that it would be a fundamental and lasting blow to American life to conscript women and that it would fundamentally change the character of our country. We had selected as our representative before this committee today Mrs. Joanna Lindlof, a very well-known woman who was for many years one of the most progressive spirits on the Board of Education of the New York Public Schools; unfortunately she was taken ill over the week end, so I am here in her place.

In the first place, I want to make it absolutely clear that I personally, and all the members of our committee, want every injured man to be given the very best of care. We feel that it is the least that we can do for these men, but we do not feel that the solution is to extend conscription to nurses.

I was talking just last night to one of the student cadet nurses, who tells me that every single person who is in that is preparing to volunteer. The nurses themselves are circulating dozens and dozens of petitions—I don't know whether any of them have reached this committee or not—asking that their service be left on a voluntary basis, and one of the reasons for that is because they feel that it is a serious reflection on nurses.

Secondly, these younger nurses are greatly concerned because they find in talking among their friends that if it is made compulsory it will discourage people from volunteering for the Nurses Corps, and

they feel that they cannot build the Nurses Corps if at the end of it it is conscription, and, therefore, it will defeat its own end.

They feel, and our committee feels, that the demand for nurses is probably going to increase, not end with the end of the war but grow greater as the casualty list grows longer. Therefore, it is essential to keep up the volunteer nurses corps and keep it voluntary if we are to get the type of nurses and the quantity of nurses they want. They feel that the character of the nursing profession will be changed if it is made a conscription service.

Thirdly, our committee is very much disturbed by the marked increase in this country of giving the Government the right to answer any problem by force. We feel that this is one of the problems which can and should be solved by getting together the leaders and by appealing to the people now in schools and colleges and putting it up to them in such a way that it can be solved voluntarily; that merely because a problem is difficult does not involve the necessity of passing a law to answer it. You cannot by law answer all problems. You have a great tendency on the part of the military, and on the part of the Government officials, whenever a thing is difficult, to simply say, "Let us pass a law and take care of it on that basis."

Fourth, we feel it is very clear that if we draft nurses we are beginning for the first time in American history the draft of women, that this is the opening wedge which will make it possible to extend the draft to all groups of women.

The Congress has had before it, for something over 2 years past, a proposal which would draft women for war work, and we were very happy that Congress wisely decided not to extend that draft to women.

Now, we feel that this is another way of approaching exactly the same problem, and once the door is opened to conscript women it will not be stopped by the conscription of nurses.

Fifth, we feel that in drafting nurses the Congress would be, for the first time in American history, establishing the right to draft by groups of labor. If you can conscript nurses, why not conscript plumbers or carpenters or lawyers? Any particular group within the community may thereby be made subject to a draft, and we do not feel that we can logically open the door to drafting one group of citizens, by trade or profession, and not at the same time extend it to others.

There is, as you doubtless know, a great deal of feeling among the nurses that they are being discriminated against, that they are being picked out and discriminated against in saying that they are the only classification being drafted.

And finally, our committee finds from its contacts, by letter, mail, personal visits, group visits around the country, that instead of building morale it is very likely to interfere with morale on the home front.

I don't know whether the members of this committee are aware of the extent to which there is a rapidly growing uneasiness in the country about the governmental developments. They see us winning a successful war. They see that the war is approaching a conclusion in Europe, according to our military leaders, and yet they see the military not decreasing and the Government not decreasing its controls over the people, but increasing the controls, and there is a



great suspicion around the country that controls are being prepared to extend far beyond the end of this war.

I know I belong to another generation, and it is said again and again that it is the duty of the wives and mothers of the soldiers to see that nurses are provided for care of the soldiers, and, therefore, I want to ask if part of the time allowed to our committee could be given to a wife of a soldier. We get quantities of correspondence, not only from men in the service but from their families who transmit to us letters from the men in the service saying how disturbed they are about any proposal to draft women.

I would like to introduce to you Mrs. Gordon Smith, if I may.

(Senator Thomas being obliged to leave the hearing in order to attend another meeting, Senator Maybank presided.)

Senator MAYBANK. We will be glad to hear from Mrs. Smith.

### STATEMENT OF MRS. GORDON SMITH

Mrs. SMITH. I am an Army wife whose husband has been overseas for 2 years last Sunday. We want to do everything that is possible to bring our men home safely and we want to do everything possible to make the things that those men are fighting for come true.

As far as I can see, this nursing bill will very much defeat the latter, and it is very much against the things our men are fighting for. It is more regimentation; it is more out of line with what American people have always wanted; and it is something that our servicemen aren't approving.

I got a letter the other day from a friend of mine. He said, "Are you working on a committee to oppose conscription?" He said, "My girl friend is a nurse and she is going to join and she doesn't want to be conscripted. Will you please help her not to be conscripted?" I was very much interested in the fact that he was so much concerned about his fiancée being drafted.

I can't see the need of this bill. If adjustments are made our men will be getting the care that they need. As you know, the Army has misjudged its needs. They have admitted that they have misjudged, and now they have turned to legislation to try to correct their past false optimism.

It seems to me the recruiting system has worked so well that if it is heightened we will get what we want. As I understand, there are about 150,000 available nurses in this country and of those 81,000 have volunteered.

It seems to me if the physical requirements were lowered somewhat, as we have done with our men, that we would have an increased number of nurses.

Then, as I understand it, there are some 8,000 male nurses in this country that we haven't been using, and of those there are 2,500 in the armed forces and they haven't been used as nurses. If a need for nurses is so great, I don't see why at the present time they couldn't be used.

Then there is always the sore subject of Negro nurses. Of the 8,000 Negro nurses we have, there are now 330 in the armed services, in spite of the fact that a large number have applied and been accepted but never given appointments. Of the 1,200 Negro cadet nurses in New York City only 86 have been assigned. If our men need nurses,

then, it seems to me, that nurses should be used according to their qualifications as nurses, and there we have a large quantity of unused nurses that we can use.

Then there is the point that at the present time in our civilian hospitals we try to have a ratio of something like 1 nurse for every 25 patients, but in our overseas and military hospitals they have asked for a ratio of 1 to 12 or 1 to 15. I am perfectly willing to agree that probably military hospitals have a larger number of cases needing expert nursing than you will find in civilian hospitals, but it seems to me there are so many other things that other people other than nurses could do. They could use your WAC Medical Corps people and your Army Medical Corps people. It seems that the Army might well be able to reallocate their nurses and use a civilian standard of 1 to 25.

A great deal of red tape has been cut. The Army has done a great many things. For instance, formerly the Red Cross was doing the recruiting of nurses, and they were doing it on a voluntary method with a volunteer staff, and of course that is always a haphazard way of doing things. They have changed their policy and the Army has taken over the program, but it has been very recent and I don't think they have had enough time to actually accomplish the results that will be accomplished later.

Then in some areas there was only 1 day a month in which nurses could make application. This too has been corrected. Then applications were taking so long to be accepted, in many cases 7 and 8 months. I understand that General Kirk has said this has now been cut down to 2 weeks, and this is all for the good.

There are other things that I can't understand. For instance, Camp Barkley, in Texas, which is the largest Medical Corps camp in the country, has been closed, and this doesn't seem compatible with the fact that they are needing people to take care of our wounded.

One of the things that I think has kept the recruiting of nurses down is the letters that the nurses in the armed forces are writing home. I have a number of friends among nurses and they are getting letters saying one of two things: "We are either doing administrative work that anyone who is trained in the administration field can do or we are doing work that any Medical Corps man could do." They want to do nursing. They do not want to do administrative work. These two things are keeping people in civilian hospitals. Civilian nurses are saying, "Why should I enlist? Apparently, the need isn't so great." I am perfectly aware of the fact that under any set-up you are going to run into difficulties. I realize that you are going to have nurses writing home unfavorably, but it seems to me it is out of proportion to the numbers it ought to be.

I very much hope that we are going to find a way out of this other than conscription, because I don't think conscription is the answer. I don't think it is the fastest thing. I think recruiting by voluntary method can be put into operation and can be run so much more quickly than a drafting system can be set up.

I feel the Nation is going to find a way out of this and that the nurses are going to come through and such a bill as this isn't going to have to be passed at all.

Senator MAYBANK. We thank you very much.

**STATEMENT OF MISS ELIZABETH A. SMART, NATIONAL WOMAN'S  
CHRISTIAN TEMPERANCE UNION**

Miss SMART. I am Elizabeth A. Smart, representing the National Woman's Christian Temperance Union. My address is 100 Maryland Avenue NE., Washington, D. C.

The organization which I represent is 98 percent wives and mothers—the home women of America. The men in the armed forces are their sons. Certainly we are vitally interested in securing for them prompt and adequate care.

But there are a number of things about the situation which we fail to understand. Testimony before the House Military Affairs Committee brought out the statement that 11 hospital units had been sent overseas without their complement of nurses. Yet Mrs. Maybelle K. Staupers, executive secretary, National Association of Colored Graduate Nurses, testified that out of some 2,000 colored registered nurses who were available for service only 308 had been accepted. If these nurses were available, why were these hospital units permitted to sail without nurses? We feel that this is something that should not have been permitted to occur.

We would like to call to your attention also that immediately following testimony before the House Committee that would seem to indicate an adequate available supply of nurses without resorting to the drastic step of a draft, the Army suddenly announced in the committee hearing an increase in the required number of from 50,000 to 60,000. This was some little time after the increase in casualties had taken place and as we understand calculations are based on so many nurses to estimated Army personnel, it seems a little strange the correct number had not been calculated before this time.

Although there was testimony that nurses were not volunteering in sufficient numbers, it was shown that over 10,000 had immediately responded to the President's call. It also appeared that it had been necessary to discontinue the campaign for volunteers originally begun because 37,000 had already volunteered when the Army suddenly lowered its requirement from 50,000 to 40,000 and there was danger of too many, rather than too few, volunteers.

It would also appear that these sudden changes of policy, the length of time elapsing between applications and assignments to duty, and the allowance of an insufficient amount of time after the announcement of the increase in quota for the nurses to readjust themselves to the idea that they were really needed, were factors in the failure to get enough volunteers immediately to fill the new quotas.

Even here before your committee, the testimony of Mrs. Bolton showed a sudden jump in the figures released on the number of volunteers of some five thousand from Saturday to Monday—that is, the number still required to fill the Army's quota had decreased from 14,000 to 9,000. And the campaign for volunteers had only gotten under way on February 27.

So, there would seem good reason to believe that what has always held true in the past, still holds true—that you don't have to draft nurses.

The nursing profession is an honored one. They are rightly jealous of their standing in the community. I think the community would



be inclined to resent an implication that a nurse had to be dragged to her duty, unless the necessity could be pretty clearly proven, and it does not seem to us that the Army has made out its case, at least as yet.

There is another aspect of this matter, and that is, that this war is being fought on two fronts. It would be a tragedy too deep for tears, if we were to win on the foreign front our battle to preserve the rights of the individual and then lose it on the home front. The monstrous crimes against humanity we have been viewing with horrified eyes, as the liberated territories have disclosed them one after the other, were made possible because an entire nation had been dehumanized by regimentation.

Do not let us lose the lesson of it here. People lose the saving milk of human kindness when you make them into automatons. England has been forced by having a war on her doorstep to a high measure of regimentation. But Winston Churchill, England's Prime Minister, who was forced by dire necessity to apply those controls, has said:

No restriction upon well-established liberties that is not proved indispensable to the prosecution of the war and the transition from war to peace can be tolerated.

It is dangerous to extend the precedents for conscripting and regimenting people. No nation until Britain's present dilemma has conscripted its women. The reason for this is very clear. No nation can survive, as a civilized nation, that enslaves its women, because no nation rises much higher than the ideals of its mothers. It would, in our judgment, be most unfortunate for the sake of acquiring a few hundred or a couple of thousand nurses to break the unwritten prohibition against the conscription of women. We would strongly urge upon your distinguished committee not to do this if you can at all avoid it.

An amendment to this bill was offered on the floor of the House by Representative Ivor D. Fenton of Pennsylvania which we would command to your consideration as a feasible solution. It failed of passage there by only six votes.

It was as follows:

SEC. 6. No individual shall be inducted into the land or naval forces under this Act for 30 days after the date of the enactment of this Act, or thereafter so long as the number of volunteer qualified (graduate registered professional) nurses declared available for services in the armed forces by the Nursing Division of the Procurement and Assignment Service of the War Manpower Commission and certified by the Red Cross is equal at least to the number of nurses declared by the Secretary of War and the Secretary of the Navy to be required for the land and naval forces. The Secretary of War and the Secretary of the Navy are directed for a period of 30 days after the enactment of this Act to conduct an intensive campaign to recruit the additional nursing personnel required for the armed forces.

Senator MAYBANK. Thank you very much.

(Miss Smart later added the following:)

Miss SMART. May I add something to my statement, Mr. Chairman?

Senator MAYBANK. Yes.

Miss SMART. I would like to make a correction. The correct statement is that the Army estimates that it will be short 9,000 by June 1. I still would feel, Mr. Chairman, that the suggestion of the Fenton amendment was a good one, because that provides for the draft following the efforts to get volunteer nurses, and I am pretty thoroughly convinced that you will have the volunteer nurses if you will follow out the suggestion of the Fenton amendment.

STATEMENT OF MRS. MABEL K. STAUPERS, EXECUTIVE SECRETARY OF NORTH EASTERN REGION OF NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES  
(READ BY MISS CHARLOTTE K. MAY)

MARCH 21, 1945.

To: The Honorable Elbert D. Thomas, chairman, Senate Military Affairs Committee.

From: Mabel K. Staupers, Registered Nurse; Executive Secretary, National Association of Colored Graduate Nurses.

We are concerned that bill H. R. 2277, which is now before your committee for hearings, retain the safeguards as passed by the House of Representatives.

We are especially concerned that the amendment in the bill (p. 3, lines 9 to 12, inclusive) which states—

"In the selection, induction, voluntary recruitment, and commissioning of nurses by the land and naval forces there shall be no discrimination by reason of race, creed, or color,"

be retained for the following reasons:

1. Negro nurses must meet the same qualifications of the States in which they are educated and employed, as white nurses. There are no separate standards for the education or registration of Negro nurses in the United States. (See enclosed fact sheet, p. 2, No. I.)

2. Retaining this amendment would strengthen the position of the officials of the War Department who are concerned with the assignment of Army personnel regardless of race or color.

3. This amendment would give assurance to all nurses that they would have the opportunity to serve their country with equal status.

4. The American Nurses Association in their testimony before the House requested such an amendment.

5. The National Association of Colored Graduate Nurses pointed out in their testimony before the House Military Affairs Committee that discriminatory practices exist and prevent full utilization of all qualified nursing personnel.

6. The National Nursing Council for War Service, ever since its establishment, has worked with the National Association of Colored Graduate Nurses to abolish discriminatory practices which lessen the effectiveness of the Army Nurse Corps.

A copy of this memorandum, together with a fact sheet, is being mailed to each member of your committee.

Sincerely yours,

MABEL K. STAUPERS, R. N.,  
*Executive Secretary.*

#### STATEMENT OF ARTHUR J. WILL, DIRECTOR OF HOSPITALS, LOS ANGELES COUNTY, LOS ANGELES, CALIF.

Mr. WILL. I am the director of hospitals for the county of Los Angeles. We operate three principal tax-supported hospitals: One, the Los Angeles County General Hospital, which is for the care of the acutely ill; another, Olive View Sanatorium, for the care of the tuberculous; and another, the Rancho Los Amigos, for the care of the chronically ill. These 3 institutions provide care for approximately 8,000 bed patients.

We employ approximately 5,000 workers. Of these 5,000, there should be theoretically approximately 800 graduate nursing positions. This does not include the entire professional classification of nurses

but merely the working or general duty and the head nurse classification in each ward. Thus, contrary to the popular concept, hospital personnel is largely composed of nonprofessional help including dishwashers, laundry workers, kitchen help, janitors, clerical workers, and so forth. In fact, this latter group represents about 70 percent of all hospital personnel, and only 30 percent is composed of professional people including doctors, nurses, and technicians.

At the present time, of the 800 positions which would be normally required to operate these 3 hospitals only 360 are filled. These particular hospitals have led on the Pacific coast, and as nearly as I can gather, throughout the country in increasing the pay to graduate nurses both before and continuously since the beginning of the war. At the present time the level of salary paid to graduate nurses by these hospitals is in the top level of salaries for corresponding positions throughout the country. There is no difficulty apparent to me that would mitigate against the employment of nurses by our hospitals. Therefore, our inability to secure proper registered-nurse personnel seems to be due entirely to a lack of sufficient nurses willing to accept employment in the care of the sick.

I am not aware of the local situation in other communities in the country, but in Los Angeles County the State nurse registry carries the names of 9,000 graduate nurses licensed to practice nursing in the State of California and resident within Los Angeles County. The same source indicates that only 4,500 are working in the practice of nursing; which clearly indicates that approximately 50 percent of all trained nurses in Los Angeles County are not engaged in the practice of nursing. Of the 50 percent working as nurses in doctors' offices, private-duty nursing, small industrial emergency hospitals, and in general hospitals, only 2,150 are actually working in hospitals. This represents less than 25 percent of the total number of nurses indicated as living in Los Angeles County and entitled to practice nursing. According to all available local figures, 63 percent of all the nurses who have gone into the armed forces have come from this small group of 2,150 working in hospitals. This is undoubtedly due to the ease with which nurse recruitment agencies can communicate with nurses within the hospitals as compared with nurses working in other more scattered localities.

It seems to me that it is vitally necessary to increase the number of trained nurses actively engaged in the practice of nursing. If this is done it will be entirely possible to staff the armed services with nurses of an age desirable to the armed forces and in reasonably good physical condition to withstand the rigors of the work. At the same time older nurses, who could not fulfill the physical requirements of the armed forces, could satisfactorily carry on the nursing work in civilian establishments. Thus, all essential nursing requirements would be more easily fulfilled.

It is apparent that the voluntary program of recruitment of nurses has not only failed in its objective of providing sufficient nurses for the armed forces but has also greatly curtailed the number of nurses working in civilian hospitals. This curtailment has brought about extremely potentially dangerous conditions insofar as the patients are concerned and has unfortunately reduced considerably the efficiency of the cadet nurse teaching facilities in all hospitals maintaining a nursing school.



To draft nurses only for the armed forces would merely press an additional hardship on all civilian hospitals. The alternative might be the registration of all graduate nurses, regardless of age, to the end that many who are not now engaged in the practice of nursing could be drawn into civilian hospital work.

It is my earnest hope that this honorable body will, in its deliberations, give consideration not only to the needs of the armed forces but also to those of civilian hospitals, and I have presented the facts as they obtain in the county of Los Angeles to become a part of the information which you have secured and will consider. While this statement presents specifically the nursing problems of the tax-supported hospitals of the county of Los Angeles, I am the official representative of both the California and Western Hospital Associations, and the general statements made in this communication are applicable to most of the hospitals on the Pacific coast.

#### **STATEMENT OF MRS. AGNES WATERS, REPRESENTING THE NATIONAL BLUE STAR MOTHERS OF AMERICA**

(The following is a reproduction of the statement of Mrs. Waters before the House Committee on Military Affairs, February 14, 1945)

Mrs. WATERS. My name is Agnes Waters, and I live at 3267 N Street NW., Washington, D. C. I am the official representative of the National Blue Star Mothers of America and 100 other groups consisting of millions of American women, who are opposed to this draft bill. I have fought every step to war and every draft bill.

I oppose this bill on the ground that it is unconstitutional and is class legislation, penalizing and enslaving the most patriotic group of women in all the world, which is the American nurse, and it would set a precedent to draft all women and all civilians as labor slaves and destroy our Republic.

This would injure, rather than help, our war effort. I represent mothers all over this Nation, whose sons are in this war, some of whom are wounded and lying in hospitals, probably dying at this very moment, and who are most anxious that our boys be provided with the utmost care when sick or wounded.

But we do not feel that this bill to draft women nurses is the proper approach or solution in this terrible crisis.

We think the solution lies in opening the bottlenecks and cutting the red tape which exists under the Red Cross. Mr. Chairman, may I add that I went down to the Printercraft Building and to all buildings where the Red Cross is supposed to be processing applications made on a voluntary basis, and I found the confusion is so tremendous that it is terrible. They are short of clerks; they are even appealing wildly on streetcars to women to come down to help get out those applications, that they cannot handle, as their help is poorly paid or volunteers. I understand the processing of voluntary nurses is in the hands of the Red Cross. Now, this country has appropriated millions of dollars for our war effort, and certainly the most important thing we can do is look after the welfare of our wounded and sick. If this is to be left to a charitable or relief organization, I think the war effort has failed to a tremendous degree.

I think the Army should take it over, with some of the appropriations that Congress has made for that particular purpose. I am sure

you must have made appropriations for the care of our sick and wounded boys. Why should it be left to a charitable organization which collects pennies and dollars and handles it through a very incompetent and obsolete manner?

We think the recruiting of nurses on a voluntary basis has been neglected to a very large extent by the executive departments, leaving this all-important matter to a charitable agency such as the Red Cross, and I want to call your attention to the fact that in 1930 I demanded an investigation of the Red Cross, and Senator Walsh of Montana held that investigation in the Senate. I believe former Congressman LaGuardia at that time in the House, made the statement on the floor of Congress that the head of the Red Cross was paid \$75,000 a year, that they had contributed over a million dollars for a building to hold social teas in, and they had \$44,000,000 on deposit in banks, frozen assets, that they would not release at that time, when our people were dying and needed it. So they wanted an appropriation of \$25,000,000, and you probably remember that. You remember the time LaGuardia came out of the closed hearings where John Barton Payne was being examined. I was behind that investigation, and I am thoroughly disgusted with the Red Cross, if that is the method they are using today, which was obsolete in 1930. They are behind the times a hundred years.

I suggest that these functions be brought up to date under voluntary methods by Government-financed programs under the Army. Certainly, our Army officers have a great stake and a great interest in providing our boys, and our soldiers, with the proper medical care. I believe you have a Surgeon General in the Army with an office and equipment ready and efficiently set up for that purpose. Why should it be delegated to the Red Cross, where bottlenecks are causing this crisis? Fourteen thousand applications in a month, from free women, and those free women must be penalized because the Red Cross is absolutely obsolete. Trying to handle 14,000 applications with poorly paid help. That is not fair to those people. There is no doubt that almost every girl who ever took her oath as a nurse has done so actuated by her childhood dreams of being of service to her country in time of war, and I do not think there is a woman who has a sweetheart, husband, relative, or son, who would not voluntarily go to his help today. Yet when they do volunteer they are held up by inefficient outmoded charitable racketeers handling the Government's business.

There is no doubt also that the story of Florence Nightingale has in some measures inspired and influenced their decisions to become nurses, and most of them stand ready and willing to serve our wounded boys as volunteers and wonder at the delay.

I want to tell you that I had information, when I went out to lunch, today from the Nurses' Association that over 25 percent of the nurses of this country have already volunteered in the Army, and the balance stand ready to volunteer further.

This bill would penalize and enslave women, because it sets a precedent for a national service act.

We stand ready and willing to serve our wounded boys as volunteers, but no one would want to be stigmatized as a slave under this enforced draft bill. That is contrary to our American Republic; contrary to everything. In fact, my grandfather fought a war, the Civil

War, and my granduncle also, who was colonel of the New York Volunteers, and raised his own regiment against slavery. I am dedicated, and I think every woman is dedicated, against slavery of every form. That is why we are fighting the war, to stop slavery, supposedly.

The boys themselves would not want such slavery over their women as this bill provides. The bottleneck lies in the processing of applications by the Red Cross and this should be taken over by the Army, where 14,000 applications are delayed under Red Cross inefficiency. There are 20,000 Army nurses in this country, yet 11 hospital ships were sent across without nurses.

This bill, if passed, would set a precedent for total slavery. The hysteria of war is no reason for us to be stampeded like goats into relinquishing human rights that we have fought wars for, and died to preserve. We should stand firmly now against any and all propositions or bills or drafts that would overthrow our form of government, which is more precious to us than life itself, our Republic.

I am the widow of a veteran of the last world war. He was on eight fronts in France, and I am a mother of a soldier who volunteered for this war.

I do not question that some of the patriotism of the Red Cross and some of the women of the Red Cross, are wonderful, but they are absolutely incapable, inefficient, and obsolete. They cannot handle such a situation. They are inefficient, and they hire very incompetent, poorly paid clerks, if any at all.

If you gave the money to the recruiting of nurses, that you have given to the recruiting of WAC's, which has never been done, to be spent for propaganda to obtain nurses for the Army things would be quite different.

The fact was mentioned the other day that large signs saying, "Recruiting of WAC's" were being shown in New York, on the sides of tremendous busses. It seems to me that it might be a good idea to do that for the nurses. There has never been any money spent to save our women from a draft or to save our boys from dying, so far as I can see.

We would have less wounded and there would be no need for larger numbers of nurses if the Commander in Chief had properly provided for those boys in the matter of shells and ammunition instead of giving these supplies all to England and Russia. Mr. Churchill would not be able to boast today that 60 Americans are dying to 1 Englishman, if that had been done. When he came over here several years ago he told you that if you gave him the implements of war that is all you would need to furnish. Step by step, they have destroyed this Republic.

We are lend-leasing everything to Russia and Great Britain to the extent that we are sacrificing our own men and our Republic and now in this country we are great only because we are free, only because we are willing to fight for this freedom, and this free enterprise. Every other country, Mr. Chairman, allied with us, is a slave country. And our enemies are slave nations who cannot win the war because they have slave systems.

England adopted this program, which you are suggesting be adopted in this country, and today England is not able to take care of herself. Russia is in the same position. Russia looks to America, a free



country, to provide everything for her, to do the fighting to save Russia but supposedly for us. There would be no need for larger numbers of nurses if the Commander in Chief had seen to it that our boys were properly equipped to defend themselves, instead of giving all our defense materials to lend-lease.

I ask you to investigate and repeal the jail-or-fight bill; I have to interrupt about it, because they charged here that there is a critical shortage of materials, and I want to know where those critical materials have gone. I would also like to know how it is that tremendous surpluses are on hand, and all kinds of materials ordered, that are not critical, which clutter up the boats and freight trains, and are subsequently being sold to junk dealers.

THE CHAIRMAN. Mrs. Waters, we are considering a bill to draft nurses.

Mrs. WATERS. I am speaking of that bill, sir.

THE CHAIRMAN. I know, but we are not considering lend-lease. That belongs in another committee. Tell us what you think about this bill.

Mrs. WATERS. To one who has for many years studied the Communist movement and tactics, the blindness of some of you Congressmen with which you lend yourselves to their maneuvers is appalling. You would adopt, in this country, the very programs that they have in Russia, and aim your blows against the most helpless group, the most innocent women that the world has. It is an outrage.

With this step you are signing your own death warrants, because you are abolishing Congress. You are putting us into a totalitarian nation in which we will not be able to save ourselves. I will not even have the privilege of free speech to come up here and tell you what I think about it, which my forefathers gave to me in the Bill of Rights.

This is not a war, this is a world revolution for communism. I think you are well aware of that, for you have been backed up by the P. A. C. and Sidney Hillman. Mr. Hillman came over here at 20 years of age, from Russia, and engineered, with our money, and now with our blood, to mow down this Nation and every nation on the face of the earth so as to set up a world government. That is what they are doing right now. The Big Three are doing that today by partitioning Poland, dividing it up with Russia. That is the purpose for which they put us into the war.

In 1939, Mr. Chairman, I went to a Communist meeting where I saw those anarchists gather right here in the city, from all over the world, and for 3 days they sat down and wrote a program step by step, to take us into this war. I identified those anarchists in the Foreign Affairs Committee and the Senate Foreign Relations Committee and pointed them out, in vain.

THE CHAIRMAN. Mrs. Waters, please, we want you to tell us about this legislation.

Mrs. WATERS. All right. I will tell you. I have been very right in most of the things I have asked you to do, because if you had listened to me in 1939, we would not be at war today. I have opposed every New Deal step to war.

THE CHAIRMAN. Just a minute, please. You must confine your testimony from now on to this bill.

Mrs. WATERS. All right then, I shall. The truth is, the Red Cross is a charitable or relief society, that collects millions and banks most

of it, but is obsolete in all its functions. It has poorly paid clerks and volunteer workers who cannot handle the enlistments of these women as nurses for the Army. It is quite apparent for all to see that this bill is a way to open the door for a national service total conscription bill to draft as slaves all our people. There is no real need for compulsion. There is a deliberate mismanagement of our voluntary American system by bottlenecks, so far as I can see.

I found out that the Red Cross offices are so swamped with voluntary applications from our women for the Army Nurse Corps that they cannot get clerks enough to answer them, and that is the God's truth.

I think it is high time we stopped these drives against the American people who are carrying on a war in two oceans, giving our sons, giving our lives, working 24 hours a day. I have given my only child who was able to go, and I think it is time we called a halt.

Let me now read a letter, from the trenches, of a boy in England, who writes—

The CHAIRMAN. Does it relate to this legislation?

Mrs. WATERS. It relates to a draft of women; yes, sir.

The CHAIRMAN. All right.

Mrs. WATERS. This letter was written to Senator Wheeler; He says:

I hold in my hand a letter written to me by an American boy, a sergeant in the American Army, who is with our flying forces in England. He writes me with reference to the legislation which has been proposed by the President and advocated by the Secretary of War, known as the national service legislation. He writes me as follows:

"DEAR SENATOR WHEELER: Although you will no doubt be much too busy to read this, will write it anyway, just in case. In our Army paper, the Stars and Stripes, we have been following the debate pro and con on the national service law and as crew members of the flying forts of the Eighth Air Force, we feel we have a right to a few words. We would like to state and we may be quoted"—

I have his name here—

"that we are firmly against the bill. We do not like the idea of anyone taking our wives, mothers, fathers, sisters, or brothers from the very homes we are fighting for and place them on a farm, ranch, or any other damn place they see fit. We were led to understand that the law in question once caused a civil war and was settled for all time. Frankly, sir, we are sick and tired of hearing a few politicians try to bring slavery back to the United States.

"If anyone would care to see how miserably that same law has failed in England"—

And it is in operation there, where the women are drafted—

"tell them to come over here. It has ruined thousands of women and broken thousands of homes."

The home is the basis of everything in America. We are trying to keep those homes together.

"We did not want to come over here, and do not wish to be here now, but since we must, we will and are doing our best. However, if this bill is passed"—

Now, here is your morale of the United States Army that this bill would ruin—

"I for one am through flying and fighting, for when my Government invades my home, the only thing we have left, there is nothing left to fight for. Respectfully yours."

Mr. Wheeler says:

This letter was passed by the British censor, and was passed by the American censor. When the statement is made by the Secretary of War and by others that unless the proposed legislation is passed the morale of the soldiers will be broken down, it seems to me a letter such as this furnishes ample proof that quite the contrary is true. It is certainly true here in the United States, and it is true apparently among the soldiers fighting overseas.

It also discourages labor in aiding and winning the war. I think we would do well to look into the source of these drives, these draft bills that would put the communistic action to labor and see who is behind these bills. This is a conspiracy—and I know who the conspirators are.

The CHAIRMAN. Just a minute. If you are going to testify any longer, you better confine your statement to this bill, or I am going to close your testimony.

Mrs. WATERS. This bill sets a precedent for the further drafting of women and the total conscription of all our people.

The CHAIRMAN. Are you for the bill or against it?

Mrs. WATERS. I am against the bill. What do you think I have been arguing for?

The CHAIRMAN. All right; you have your position straight on that. That is enough.

We thank you for your statement, Mrs. Waters.

**STATEMENT OF ANNA D. WOLF, REGISTERED NURSE, SECRETARY  
OF THE NATIONAL LEAGUE OF NURSING EDUCATION AND  
DIRECTOR OF THE JOHNS HOPKINS HOSPITAL SCHOOL NURSING  
AND NURSING SERVICE**

Miss WOLF. The National League of Nursing Education was established for the purpose of the promotion of education required for the practice of professional nursing. The league has a membership of nearly 8,000 individuals, all of whom are responsible for some aspect of nursing education, the majority of whom are professional nurses.

The National League of Nursing Education has approved in principle the draft of nurses as a first step in a national selective service act for women and a national service act for the civilian population.

The National League of Nursing Education has wholeheartedly supported the present Federal program for the increase of students and the accelerated program in schools of nursing in order to provide more adequately for the military needs of the country as well as for the civilian population. At the present time there are 1,295 schools of nursing in the United States accredited by State boards of nurse examiners. As of January 1, 1945, it is estimated that between 135,000 and 140,000 students were enrolled. During the year July 1, 1943, to June 30, 1944, the number of students admitted to these State-accredited schools was 65,521. The number of students admitted in 1944 was 76 percent greater than the number admitted in 1940. The number of students enrolled in 1944 was 32 percent greater than the total number enrolled in the year 1940. The total number of students graduated in 1944 was 20 percent greater than the number which graduated in 1940.

It is obvious that the responsibilities involved in the administration of these schools and in the teaching of these students have been



enormously increased during these years. The absolute essentials in maintaining a school are the number and quality of faculty in relation to the number and quality of students.

The student recruitment program stimulated largely by the United States Cadet Nurse Corps has assured the schools of the country its large numbers and its quality of students. However, all evidence points to a marked reduction, quantitatively and qualitatively, in the administrative and teaching personnel in schools of nursing. The evidence of the American Red Cross Nursing Service, as given February 8, that 62 percent of the nurses assigned to the military are from institutions, supports this statement.

There is danger that some of the schools of nursing may close because of the inability to secure essential instructors. With the reduced personnel we are sure that the admissions to the schools may have to be curtailed even more than planned for 1945-46.

Since the President's message on January 6, 50 selected schools of nursing were asked to report on the number of resignations due to the message and the pending draft bill. Replies received from 46 of these State-accredited schools from various parts of the country show that these schools had 503 resignations, of which number 168 were from nurses in teaching positions. These same institutions reported 320 vacancies among the teaching personnel and 2,188 vacancies among other graduate nurses. It is reasonable for us to believe that these figures are indicative of changes which may have occurred in other schools of like kind throughout the country. These figures and data received indicate also that added responsibilities for patient care are being placed upon the student nurses whose supervision has been greatly reduced.

It is our conviction that a selective service of nurses would provide for an equitable distribution of nurses. Those classified as available and eligible for military would be required to serve in that capacity, and those classified as essential for education in civilian services could be retained.

Amendment of the Bolton Act in order to require graduates who are members of the United States Cadet Nurse Corps to enter the military services, would not meet the immediate needs of the Army and Navy, as can be shown by the following facts:

As reported by Dr. Parran, in the year 1944-45, there will be only 9,165 cadets in the graduating class. Some 4,000 of these will graduate this spring, and 2,300, it is expected, will graduate in June, the others having already graduated. In the class graduating in 1945-46, there are more than 25,000 cadets, of whom it is expected nearly 16,000 will graduate in the fall of 1945, some 6,000 in the spring of 1946, and almost 2,900 in June, 1946. On the basis of the percentage of applications of graduate nurses rejected by the Army and Navy, 20 to 25 percent of the above members of the United States Cadet Nurse Corps would likely be rejected if they were drafted.

It is obvious that the immediate needs of the Army with a ceiling of 60,000 could not be met with these numbers of cadets available at the various times specified. Furthermore, if one group of nurses alone is required to serve the military, it would undoubtedly militate against voluntary enlistment of nurses already graduated who have been declared available and eligible by Procurement and Assignment Service.

It is our conviction, furthermore, that, if membership in the United States Cadet Nurse Corps is made contingent upon military service after graduation, the immediate effect upon enrollment in schools of nursing will be serious and will cause a marked reduction in numbers.

Such a situation would produce a disastrous condition upon those hospitals with which schools of nursing are a part, as they now depend upon student nurses for the maximum service to their patients, estimated at 80 percent—this, in light of the fact that these hospitals serve nearly 60 percent of the civilian patients of all non-Federal institutions.

The serious conditions prevailing in our civilian hospitals throughout the country because of the shortage and frequent absenteeism of subsidiary personnel was emphasized by Dr. Smeltzer in his testimony February 7. Because of these conditions, student nurses and the few remaining graduates in these hospitals must often carry domestic services in addition to their professional work. Nurse power is therefore wasted; shortage of nurse power is accentuated. For these reasons a national service act is advocated.

The directive of the Surgeon General of the Army to the service commands, to which Dr. Stone referred February 7, in which the service commands were informed that they might entertain the applications of nurses irrespective of classification by procurement and assignment, was brought to the attention of the National League of Nursing Education. As a result of the deliberations of our board of directors upon this directive, a letter was sent to the Secretary of War by our president, in which a strong appeal was made to defer those nurses who hold essential administrative and teaching positions in schools of nursing in order that the schools can maintain a minimum staff to carry forward the educational program, upon which the future of nursing for military and civilian populations depend. A copy of the letter sent by our president to Secretary Stimson is as follows:

MASSACHUSETTS GENERAL HOSPITAL,  
Boston, Mass., February 5, 1945.

The Honorable HENRY L. STIMSON,  
Secretary of War, the War Department,  
Washington, D. C.

DEAR MR. SECRETARY: The National League of Nursing Education, which has in its membership nearly 8,000 nurses who are engaged in teaching and administrative work in schools of nursing and health agencies and nonnurse members from the community who are interested in nursing, is gravely concerned with the present condition in our schools of nursing.

At a recent meeting of the board of directors there was read a copy of the directive from the Surgeon General of the Army to the commanding generals of the service commands regarding voluntary appointments in the Army Nurse Corps. It was noted with gratification that some provision was made for the deferment of essential members of nursing-school faculties. However, this board believes that there is need for further consideration of this matter and voted to respectfully submit for your consideration some facts which have a direct bearing on providing the necessary numbers of nurses for Army needs.

Unless schools of nursing can maintain the necessary personnel for the proper supervision and teaching of student nurses, there is danger that the admissions to our schools of nursing may have to be curtailed. It has already been brought to the attention of this board that the admissions to schools of nursing for the first 2 months of this year have been curtailed because the teaching personnel has been reduced below the essential minimum due to the military enlistments.

There are now 76 percent more student nurses in our schools than before the war, with fewer teachers and administrative personnel to care for them. It is



because of this large increase that schools of nursing have been able to supply nursing care for over half of the patients in civilian hospitals and to send senior cadets to the military hospitals in growing numbers. That these students have successfully shouldered such a large share of the Nation's civilian and made a small contribution to military nursing is due to the efforts of nursing-school teachers and administrators.

Because we believe that schools cannot go on admitting such large classes if the number of teachers and administrators is further depleted, we urge that a directive be sent to the commanding generals of the service command, placing greater emphasis on the need to declare as essential in her civil capacity any nurse who is engaged in the teaching or administrative activities in a school of nursing, such as directors of schools and nursing services, their assistants, teachers, supervisors, and head nurses.

Respectfully yours,

RUTH SLEEPER, R. N.

In closing, I repeat, the National League of Nursing Education supports in principle a selective-service act for women, with a draft of nurses as the first step, in order to meet military needs, and a national service act to meet civilian needs.

#### STATEMENT OF RUTH HOULTON, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Miss HOULTON. The National Organization for Public Health Nursing, comprising a membership of 10,247 nurses, 351 public health nursing agencies, 833 nonnurse citizens interested in the maintenance of community public health nursing services, and 21 State branches, has concurred in principle with amendment of the Selective Training and Service Act of 1940 to include nurses if this becomes necessary in order to secure good nursing care for our soldiers and sailors. The following resolution in regard to a nurses' draft was passed at the annual meeting of the board of directors of the National Organization for Public Health Nursing on January 26, 1945:

The board of directors of the National Organization for Public Health Nursing endorses in principle an amendment to the Selective Training and Service Act of 1940 to include registration and selection of all women who may be needed for the military.

In proportion to its numbers, the nursing profession has responded on a voluntary basis more generally than any other group of women, nearly one-third of the total number of active graduate registered nurses having applied for service with the armed forces. However, because of the urgent need for nursing service on both military and civilian fronts, and because of the length of time required for professional training, special action with regard to the selection of nurses may be needed as a preliminary step toward drafting women if the course of the war requires it and recruitment of nurses on a voluntary basis does not meet the need.

The board of directors also expresses its belief that the Procurement and Assignment Service of the War Manpower Commission should be maintained and strengthened at this time and that its classification be used as a guide to the selection of nurses.

The National Organization for Public Health Nursing reemphasizes the importance of maintaining a minimum of essential public health nursing service for the protection of local communities and suggests that all public health nursing agencies and nurses abide by the Procurement and Assignment classification.

Public health nurses are trained for and experienced in giving care from home to home on an hourly basis, supervising nursing care given by others, and teaching household members to give needed care. In this way they make an important contribution to the economical use of the restricted amount of nursing services available to the



civilian population. In addition to care of the sick, the work of public health nurses is recognized to be of importance in protection against and control of communicable diseases, in maternity and child health services, such as those provided for women and children of men in certain grades of military service, and in keeping the industrial worker on the job.

The N. O. P. H. N. believes that the classifications set forth by the Procurement and Assignment Service should guide the selection of nurses as an aid to maintaining minimum essential community nursing.

(A letter submitted by Senator Kilgore follows:)

WEST VIRGINIA STATE NURSES' ASSOCIATION, INC.,

Charleston, W. Va., March 16, 1945.

HON. HARLEY M. KILGORE,

United States Senator, in care of Senate Building,  
Washington, D. C.

DEAR SENATOR KILGORE: This letter is in reference to H. R. 2277, soon to be considered by your Senate Military Affairs Committee.

We trust if it is agreed that a draft for nurses is necessary, that all amendments suggested by the American Nurses' Association and now incorporated in the bill be retained.

We trust, also, that a draft for nurses will be but the first step in a selective service act for all women, and that it will be seen that a general service act to secure personnel for civilian hospitals is also necessary. We firmly believe, however, that your honorable body will feel a draft of nurses is not necessary when you review the following facts:

1. That while 14,700 nurses volunteered and submitted applications to the Army during January, only a very small percentage of them were processed by the Army.

2. That the school of nursing credentials of many of these nurses, we understand, are yet to be evaluated by the American National Red Cross.

3. Nurses have volunteered in large numbers in West Virginia; have sent in applications to the Army and waited as long as 3 months for assignment.

4. That male nurses and Negro nurses have not been accepted by the Army in face of what is said to be a dire emergency.

5. That the Army has changed its quota so often that nurses are unimpressed with need, but are impressed with confusion and delay.

6. That registered nurses are still being rejected for very slight physical defects.

7. We understand that there are but three of the nine service commands which require registered nurses to bring bed linen and blankets with them to large established Army hospitals. (Officers are required to take bedding when reporting for field service but not when reporting to large well-equipped hospitals in which they pay for maintenance and quarters.) The Fifth Service Command is one making this unnecessary request. This has caused much delay, as nurses in West Virginia have earnestly sought markets where linens and blankets could be purchased. Both wholesale and retail stores carry little or none of these commodities, and hospitals are reluctant to sell any of their small stocks. Why such a compulsory rule for three commands when six others do not require this?

8. The bill, as it now stands, does not provide for "clearance" through War Manpower Commission Procurement and Assignment Service if drafted. This will mean a distinct disruption of nursing education staffs.

The West Virginia State Nurses' Association cordially agrees with the statement of Surgeon General Thomas Parran that, "All that is really needed is the instigation to get our nurse power working in the right channels."

To assist in solving the problem of adequate care for our wounded, we beg leave to recommend for your consideration the following requests:

1. Clear channels for enlistment by eliminating the American National Red Cross. Request the Army to follow the example of the Navy (since January 1, 1945) and permit the nurses to join the Army direct if they are graduates of large hospitals already approved for Red Cross membership (the nurse to present all necessary papers herself). In order that Army standard may be maintained, however, we suggest that the Army request the American Red Cross to evaluate only schools of nursing which have not, as yet, met Red Cross standards.



2. That the Army set a quota for registered nurses and stick to it for at least 3 months.

3. That rejections following physical examinations done by one medical examiner be referred to an appeal board of physicians.

4. That the services of conscientious objectors, now in civilian public-service camps, be used in Army hospitals.

5. That civilian patients be cared for in civilian hospitals, thus freeing Army nurses for the care of our wounded.

6. That, since this and every other State nurses' association, has borne all the expense of the entire military recruitment of registered nurses to date, our agencies be implemented with a Federal budget.

Our West Virginia nurses have volunteered in large numbers; the 13 nurse-recruitment committees in this State have worked long and faithfully; our 1945 record is excellent; we are proud of our accomplishments. Therefore, we see no reason why the nursing profession in this and other States (with its splendid record to this date) should be charged as being unpatriotic since November 1944 on account of bottlenecks caused by the American Red Cross and the Army officials. These facts became very evident during the hearings of the House Military Affairs Committee on this bill. We feel it is indeed a pity that the 30 night workers employed by the American National Red Cross, in March, were not employed when needed in January. When 200 applications from this State remain in "seclusion" from 2 to 12 weeks, neither old graduates or recent ones are impressed with cries of "dire need."

Twenty-seven nurses, from Fairmont and Morgantown, answering General Kirk's radio calls in December, were not assigned until March 5, having waited in idleness all these weeks expecting a daily call to the Army. When they were told by radio every 3 hours to "apply direct to the Army and at once," they did so, only to meet the hurdle of "evaluation of credentials" and slow military assignments.

We know that there will be no need of placing WAC's with 6 weeks hospital training to care for our men if channels are cleared and assignment expedited for registered nurses.

Assuring you of the sincere interest of every member of our entire association in this all-important task, we are

Very truly yours,

WEST VIRGINIA STATE NURSES' ASSOCIATION,  
(Mrs.) MARY S. TURNER, R. N., *President.*

(A telegram submitted by Senator La Follette follows:)

MADISON, WIS., *February 26, 1945.*

Senator ROBERT M. LA FOLLETTE, JR.,

*Washington, D. C.:*

National Board of Public Health Nurses went on record as approving in principle draft of nurses, if necessary, for military needs. We want military nursing adequate in amount and kind. We wish to bring to your attention bill H. R. 2277. One, standard would be lowered if nonregistered nurses were accepted. Two, if graduates from very small hospital schools were allowed military service, lowering of standards would endanger safe nursing care. Three, registered nurses should be inducted before graduates of Cadet Corps are called. Four, bill should include married nurses without children. Five, both volunteer and drafted nurses should be commissioned. Six, inactive nurses put back in nursing at discretion of procurement and assignment committee.

GENEVIEVE NESBIT,  
*Madison Visiting Nurses Board.*

(Whereupon, at 11:30 a. m., the hearing adjourned.)

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